

**POLICY II PROJECT
YEAR TWO WORKPLAN**

**JULY 1, 2001—
JUNE 30, 2002**

The Futures Group International
in collaboration with
Research Triangle Institute
and the Centre for Development and
Population Activities

**POLICY II PROJECT
YEAR TWO WORKPLAN**

**JULY 1, 2001—
JUNE 30, 2002**

CONTENTS

<u>I.</u>	<u>PROJECT OVERVIEW</u>	1
<u>II.</u>	<u>RESULTS FRAMEWORK</u>	2
<u>III.</u>	<u>WORKPLAN FOR CORE-FUNDED ACTIVITIES</u>	6
A.	POLICY PACKAGE CORE WORKPLANS	6
B.	NON-PACKAGE CORE WORKPLANS	9
C.	USE OF SAFE MOTHERHOOD (SS02) CORE FUNDS	24
D.	USE OF HIV/AIDS (SS04) CORE FUNDS	26
<u>IV.</u>	<u>COUNTRY WORKPLANS</u>	29
<u>AFRICA</u>		30
Ethiopia		31
FHA (Family Health and AIDS)		32
Ghana		33
Kenya		34
Malawi		36
Mali		37
Mozambique		39
Nigeria		40
REDSO/ESA		41
Sahel (CERPOD)		42
South Africa		43
Tanzania		44
Uganda		45
Zambia		46
<u>ASIA AND THE NEAR EAST</u>		47
Bangladesh		48
Cambodia		49
Egypt		50
India		51
Jordan		52
Philippines		53
<u>EUROPE AND EURASIA</u>		54
Romania		55
Russia		56
Turkey		57
Ukraine		58
<u>LATIN AMERICA AND THE CARIBBEAN</u>		59
Guatemala		60
Haiti		61
Jamaica		62
Mexico		63
Peru		64

<u>V.</u>	<u>OPERATIONAL PLAN</u>	65
<u>A.</u>	<u>REVISED MANAGEMENT STRUCTURE</u>	65
<u>B.</u>	<u>MANAGEMENT ISSUES</u>	67
<u>APPENDICES</u>		69
<u>APPENDIX A. SUMMARY TABLES</u>		70
	<u>TABLE A-1. SUMMARY BUDGET FOR CORE FUNDS</u>	71
	<u>TABLE A-2. SUMMARY OF FIELD SUPPORT RESOURCES BY COUNTRY</u>	72
	<u>TABLE A-3. POLICY STAFF</u>	73
	<u>TABLE A-4. MANAGERS OF IRS/WORKING GROUPS AND COUNTRY PROGRAMS</u>	75
<u>APPENDIX B: MATRIX OF ILLUSTRATIVE HIV/AIDS CORE-FUNDED ACTIVITIES</u>		77
<u>APPENDIX C. JOB DESCRIPTIONS FOR THE REVISED MANAGEMENT STRUCTURE</u>		81

I. PROJECT OVERVIEW

The POLICY II Project is a five-year project funded by the U.S. Agency for International Development, G/PHN/POP/P&E under project number 936-3078.02 and contract number HRN-C-00-00-00006-00, beginning July 7, 2000. The Futures Group International implements the project in collaboration with The Centre for Development and Population Activities (CEDPA) and Research Triangle Institute (RTI).

The POLICY Project facilitates the development of policies and plans that promote and sustain access to high-quality family planning and reproductive health (FP/RH) services. While maintaining a strong **emphasis on FP/RH**, the project also explicitly addresses **HIV/AIDS** and **maternal health policy issues**. The project addresses the full range of policies that support the provision of high quality FP/RH and HIV/AIDS services, including:

- National policies as expressed in laws and official statements and documents
- Operational policies that govern the provision of services
- Policies affecting gender, youth, and human rights
- Policies in related sectors such as education, labor, and the environment

To achieve POLICY's main objective, the project endeavors to

- Broaden and strengthen **political and popular support**;
- Improve **planning and financing**;
- Ensure that accurate, up-to-date, and **relevant information** informs policy decisions; and
- Enhance **in-country and regional capacity** to provide policy training.

POLICY contributes to the development and implementation of policies and programs that promote and sustain access to high quality FP/RH services by strengthening the capabilities of public and private sector institutions. In particular, POLICY works with

- National and local governments;
- NGOs and society organizations such as family planning associations, women's groups, religious groups, grassroots organizations, and professional associations;
- Commercial organizations; and
- Research institutions.

This workplan covers the period from July 1, 2001, to June 30, 2002, which coincides with the project's second year of implementation. Highlights of POLICY's second year workplan include:

- Continuation of work in 26 countries
- Initiation of activities in 3 countries
- Intensified focus on HIV/AIDS
- Implementation of core-funded packages in Ukraine, Romania, and Nigeria
- Design and implementation of new RH and HIV/AIDS packages
- Introduction of revised management structure

II. RESULTS FRAMEWORK

POLICY's strategic objective (SO) is *Policies and plans promote and sustain access to quality FP/RH services, including maternal health and HIV/AIDS*. POLICY II is based on the premise that laws, regulations, and operational policies—and the plans and financial mechanisms through which they are implemented—should promote access to reproductive health information and services by all who need and want them. Champions of broad-based, equitable FP/RH services should be brought into the political process and strengthened so that they can function effectively in that process. In addition, the financial issues associated with the provision of services must be addressed. In that way, access to services that are acceptable to all who want and need them can eventually be sustained even in the face of changes in government and/or changes in donor participation.

The project's four intermediate results (IRs) contribute to the achievement of the SO:

- IR1: Political and popular support broadened and strengthened
- IR2: Planning and finance for FP/RH improved
- IR3: Accurate, up-to-date, relevant information informs policy decisions
- IR4: In-country/regional capacity to provide policy training enhanced

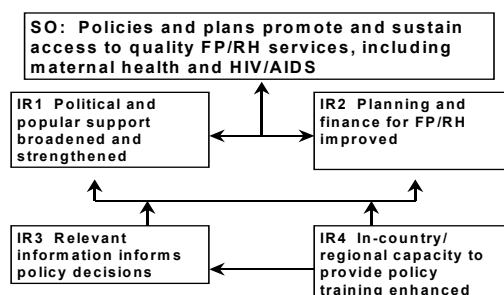
IR1 – *Political and popular support broadened and strengthened*. POLICY will provide assistance to identify and strengthen policy champions; form and strengthen NGO coalitions; and expand participation of NGOs (including youth, gender, and human rights representatives as appropriate) in the policy process.

IR2 – *Planning and financing for FP/RH improved*. Good planning, adequate resources, and efficient resource use are essential for sustaining access to quality FP/RH services. POLICY will help policymakers design policies and financial mechanisms at the national and subnational levels to increase the level of available resources and to promote the most efficient and sustainable use of those resources to provide family planning, HIV/AIDS prevention, and maternal health services.

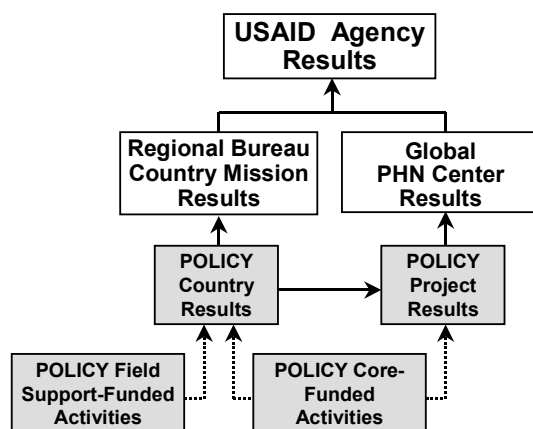
IR3 – *Accurate, up-to-date, relevant information informs policy decisions*. POLICY will expand and make more accessible the information base that supports policy decision making by commissioning or conducting country-specific, policy-relevant research to fill knowledge gaps and answer policy questions. It will develop and refine innovative, user-friendly models and other tools for data analysis and policy dialogue, and help strengthen local capacity to choose among analysis tools and use them appropriately.

IR4 – *In-country/regional capacity to provide policy training enhanced*. POLICY will enhance local capacity to provide policy assistance first and foremost by hiring, supporting, and empowering local long-term advisors (LTAs). These advisors will receive training and support from the project, enhancing their own ability to promote the policy process. The advisors will provide on-the-job training and support to policy analysts, advocates, and policymakers. The project will also develop curricula at regional universities and work toward institutionalizing local capability to train the next generation of policy analysts, advocates, and policymakers.

These IRs interact synergistically as shown in Figure 1. Moving the FP/RH agenda forward in the face of resource constraints requires careful planning and financial analysis before setting priorities. Priorities cannot be addressed without political will but, without demonstrable results, popular support quickly evaporates. Information and training support the first two IRs and thus provide the bases for solid advocacy and decision making and the capacity to use them.

Figure 1. POLICY II Results Framework

The project's performance monitoring plan is designed to measure progress toward achievement of the SO and IRs. As shown in Table 1 on the following page, indicators are listed for the SO and IRs with suggested data sources given for each indicator. Country strategies also include a country-specific results framework and performance monitoring plan. In addition to their link to the project's results framework, country strategies are also linked to Mission frameworks and have an SO (usually one of the Mission IRs), their own IRs, and indicators of achievement. Figure 2 illustrates the linkages among country, Mission, project, and agency results frameworks.

Figure 2. Linkages among Results Frameworks

Finally, POLICY's diversified portfolio of country programs and core-funded activities contribute to the achievement of the following G/PHN strategic support objectives:

SS01: *Increased use by women and men of voluntary practices that contribute to reduced fertility*

SS02: *Increased use of key maternal health and nutrition interventions*

SS04: *Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic*

Table 1. POLICY II Performance Monitoring Plan

Results	Indicators	Illustrative Data Sources
SO: Policies and plans promote and sustain access to quality FP/RH services, including maternal health and HIV/AIDS	<ul style="list-style-type: none"> <input type="checkbox"/> # of countries that adopt (approve) national/subnational policies, plans, guidelines to promote access to high-quality FP/RH services <input type="checkbox"/> # of countries that increase resources available for FP/RH <input type="checkbox"/> # of countries that adopt (approve) measures that encourage efficient and/or equitable resource allocation and use <input type="checkbox"/> # of countries in which identified barriers to private sector participation in FP/RH policy development and service delivery are reduced or eliminated <input type="checkbox"/> # of countries that adopt policy incentives to increase private sector participation in FP/RH service delivery 	<p>Actual policy document with evidence of government approval. <i>Document Checklist</i> will provide information on content, especially topic area addressed (access, quality, FP, RH, HIV/AIDS, etc.) and crosscutting issues (e.g., gender, human rights, youth)</p> <p>Budgets, invoices, other evidence of expenditures</p> <p>Actual policy document. <i>Document Checklist</i> will provide criteria for and information on specific resource allocation issues addressed (e.g., targeting to specific population groups, shift from curative/tertiary care to preventive/primary care, etc.)</p> <p>Legal and regulatory review; actual policy documents</p> <p>Actual policy document</p>
IR1: Political and popular support broadened and strengthened	<ul style="list-style-type: none"> <input type="checkbox"/> # of countries with increased public official and/or NGO support of FP/RH <input type="checkbox"/> # of countries with increased numbers and types of agencies involved in FP/RH policymaking <input type="checkbox"/> # of countries in which NGO networks or coalitions are formed, expanded, and/or strengthened <input type="checkbox"/> # of countries in which NGOs representing youth, gender, or human rights issues are brought into POLICY-supported networks and coalitions 	<p>Qualitative assessments; key informant interviews; statements of public sector officials or NGO leaders</p> <p>Meeting agendas and attendance lists; ...</p> <p><i>Advocacy Network Questionnaire; Network Member Profile; Sustainability Checklist</i></p> <p><i>Network Member Profile</i></p>
IR2: Planning and financing for FP/RH improved	<ul style="list-style-type: none"> <input type="checkbox"/> # of countries that identify, test, or adopt new financing mechanisms <input type="checkbox"/> # of countries with improved score on planning checklist <input type="checkbox"/> # of countries that develop plans or policies that promote increased resources for FP/RH <input type="checkbox"/> # of countries that develop guidelines or mechanisms for efficient and/or equitable resource allocation 	<p>Documents; pilot tests; etc.</p> <p><i>Planning Checklist</i></p> <p>Documents and letters of transmittal for approval</p> <p>Documents and letters of transmittal for approval; <i>Documentation Checklist</i> will provide criteria for and information on specific resource allocation issues addressed (e.g., targeting to specific population groups, shift from curative/tertiary care to preventive/primary care, etc.)</p>

IR3: Accurate, up-to-date, relevant information informs policy decisions	<input type="checkbox"/> # of new tools created or adapted to address FP/RH issues <input type="checkbox"/> # of countries that use information produced with support from POLICY for policy dialogue, planning and/or advocacy <input type="checkbox"/> # of national/subnational policies/plans that use information produced with support from POLICY	Project records Key informant interviews; documents with citations highlighted Documents with citations highlighted; key informant interviews
IR4: In-country/ regional capacity to provide policy training enhanced	<input type="checkbox"/> # of countries in which LTAs provide TA and/or conduct training in the policy process <input type="checkbox"/> # of countries in which counterparts trained or supported by POLICY conduct training in the policy dialogue, planning, and/or advocacy <input type="checkbox"/> # of instances in which curricula in policy analysis, planning, or advocacy are developed and offered at regional or national training institutions <input type="checkbox"/> # of instances in which POLICY contributes curricula and/or instructors in policy analysis, planning, finance, and advocacy to other training programs <input type="checkbox"/> # of instances in which other cost-effective capacity-building interventions are implemented	Project records; quarterly reports Training course materials Training course materials Project records; training course materials Project records; other sources TBD

III. WORKPLAN FOR CORE-FUNDED ACTIVITIES

The core-funded program for Year 2 of the POLICY Project will be organized around the project's SO and four IRs as set forth in the previous section. In the POLICY II Project, the IRs function to (1) define the strategic objective in the context of the project; (2) place focus on general subobjectives and results, and (3) provide an organizational format for reporting activities and results as well as for budgeting and accounting for financial expenditures. This section of the workplan details our objectives, approaches, planned activities, and expected results for Year 2 core-funded activities. Core-funded work will be carried out in close coordination with country programs, and the mechanisms for ensuring this coordination are set forth below.

POLICY's core funding is undergoing a significant shift in its proportional mix by funding source. In POLICY I, there was not more than 10 percent in core HIV/AIDS funding in any given year, and there was no money for maternal health. With POLICY's Year 2 funding cycle, maternal health funds account for about 5 percent of the core program, HIV/AIDS accounts for 40 percent, and population accounts for 55 percent. The increase in HIV/AIDS funding has caused us to devote more effort to achieving HIV/AIDS results than anticipated when the contract was signed in July 2000. A detailed budget for core funds is shown in appendix Table A-1.

In previous years, we have prepared the core workplan around the RH/MH IRs, and then presented a separate section for the HIV/AIDS core program. This latter section also forms the basis of the SO4 workplan that the HIV/AIDS Division requires us to submit at the end of each fiscal year. This workplan follows that same pattern, however, as we articulate and disseminate our HIV/AIDS policy strategy and integrate that strategy into our technical and management structures. In Year 3, we will present a fully integrated workplan. That is, future core workplans for the IRs will include all technical aspects of the project including HIV/AIDS.

What follows here are the workplans for the Year 2 core packages, the IR workplans for FP/RH and MH, the HIV/AIDS workplan, and the proposed activities of the project's working groups.

A. POLICY Package Core Workplans

1. Approach

About two-thirds of core population funds are allocated for reproductive health, maternal health, the crosscutting issues working groups, and the IR-specific activities described in the next section, leaving about one-third of the unrestricted core budget available for country-focused technical packages in pursuit of G/PHN/POP/P&E objectives. Therefore, the package approach will continue to be a central approach to deploying unrestricted core population funds.

The purpose of the POLICY package is to advance our technical knowledge, demonstrate or test new or innovative approaches, or provide additional resources that would shed light on a critical policy issue that a Mission might not otherwise fund. Core-funded technical advances and experiments will be developed and applied in countries through the packages. Once developed or tested in the field, the products of such work will be applied in other settings and countries. Countries are selected based on specific criteria including POLICY's in-country presence, Mission receptivity, the technical opportunity available, the prospects for success and replicability, usefulness to USAID's global program, and the potential impact on achieving the project's SO and IRs.

The POLICY “Directors,” consisting of the senior program managers, are responsible for designing and implementing the packages. Once the package is designed, the Country Manager, supported closely by the Regional Managers, is responsible for implementing the activities at the country level and monitoring progress. At the beginning of Year 2, POLICY has three core packages approved in Romania, Ukraine, and Nigeria. Plans are underway to design and implement core packages in four additional countries over the coming year.

2. Description of Core Packages

The core packages are developed by staff taking advantage of targets of opportunity to advance our technical capacity in key project areas. Therefore, we cannot say with precision at the outset of the year what packages will be proposed and which missions will approve them. Here, we provide brief descriptions of the packages developed in the January-June 2001 period to provide background and understanding about the nature of core packages.

Romania Core Package. Initiated in early March 2001, this package is assisting Romania’s Ministry of Health and Family (MOHF) to identify and eliminate operational constraints to the implementation of recently approved national contraceptive security policies. These policies aim to channel free contraceptives to disadvantaged segments of the population and ensure affordable supplies to low-income groups, especially in rural areas.

POLICY staff is working closely with Romanian counterparts in government and NGOs to undertake policy research, policy dialogue, network development, and advocacy to attain the package objective. The package starts with policy research to identify operational barriers to contraceptive security. Research results will form the basis of policy dialogue to develop recommendations for action by high-level decision makers. Such recommendations will be used in POLICY assistance to the MOHF in drafting, pilot-testing, and finalizing national operational policies designed to remove operational barriers to contraceptive security. From the start of the package, assistance is also being provided to form and strengthen local advocacy networks in three USAID priority *judets* (districts). These networks will advocate for active support of local decision makers and program managers in pilot testing draft policies in the three judets and provide feedback about the pilot testing. Through this package, POLICY will support three networks and the RH Coalition of Romania in their efforts to advocate for final approval of revised contraceptive security policies by high-level decision makers for national implementation.

Ukraine Core Package: The proposed core-funded component of the Ukraine workplan is designed to help implement Ukraine’s National Reproductive Health Program 2001–2005 (NRHP) by eliminating operational policy barriers and strengthening capacity to set RH program priorities and more effectively allocate resources at the local level. Ukraine was selected to be a core package country because of the opportunity it presented to improve operational policies, our ongoing in-country presence through field support, a scope of work that compliments and creates synergy with the overall POLICY country program, and proposed core activities that support the Mission’s strategy. POLICY received USAID/Washington’s approval for the package in mid-April 2001 and sent the proposal to USAID/Kyiv, which conveyed its approval at the end of June.

Year 2 planned activities and achievements for work on operational barriers will involve collecting and analyzing data on specific barriers impeding the efficiency with which RH services are delivered. The findings will be presented in policy papers. The Policy Development Group (PDG), a multisectoral group of RH stakeholders, will use the findings to develop recommendations for the Cabinet of Ministers. The PDG will also write detailed guidelines for how to implement the recommendations. The priority-setting initiative will involve introducing priority-setting models to local counterparts and determining the approach to be used. Then POLICY will convene a workshop to apply the model and set priorities. It is

expected that the information will be used to incorporate priorities into a local RH program(s). The POLICY/Ukraine core package team has begun identifying appropriate sites for the operational policy studies and the priority-setting initiative. The team has also begun to identify local subcontractor(s) to undertake the fieldwork. It is expected that fieldwork on operational policy barriers can begin soon after Mission approval. The team has also begun to consider best practices for adapting the Columbia Framework for use in setting RH program priorities in a local site.

Nigeria Core Package. This package, scheduled to begin in August 2001, will use the full range of POLICY tools and strategies in a single state in Nigeria in support of young adult reproductive health (YARH). It will result in state government approval of a YARH strategic plan and increased funding for YARH programs in the state. The strategy will outline interventions that target specific YARH problems and subpopulations and have resource requirements and a detailed budget. The plan will also include a monitoring and evaluation plan that will guide progress. In the course of establishing the plan, a youth advocacy network will also be formed to participate in the development of the plan, garner political and budgetary support for the strategy, and provide ongoing support for other YARH issues.

The package will be implemented over a 12-month period. Activities include carrying out a situation analysis, forming an NGO network, advocacy training, development of a state-level YARH strategic plan, application of the NewGen Model, and carrying out an advocacy campaign. The achievements planned are a state-level YARH strategic plan approved by the state government and civil society stakeholders as well as increased funding for the YARH program. This package will provide intensive support for the FP/RH and HIV/AIDS activities that are supported by field support at the national and regional levels. The activities in this package will be carried out in a single state in a targeted and in-depth manner. Because Nigeria is so large, a single state has been chosen to pilot test this approach to addressing YARH issues and to help establish a strategy for advancing the YARH work of the POLICY Project.

Core Package Plans for Year 2. POLICY will design and implement four additional packages this coming year. The packages will be focused on the project's key technical areas of family planning, maternal health, and HIV/AIDS. The crosscutting issues of adolescents, gender and human rights will receive special attention in these packages. At this writing, there are several good possibilities for packages to be developed.

- *Guatemala*—Despite growing needs for reproductive health services, especially among poor, rural indigenous populations, the policy environment for actually providing access to good quality care is still characterized by operational and medical barriers. This package would capitalize on the government's new interest in providing better RH services by working with the government and NGOs to analyze barriers, develop consensus for action, and make the desired policy improvements.
- *India*—POLICY had proposed a small package in the state of Uttar Pradesh to assist the government to implement and then assess a newly adopted policy to charge fees for some outpatient services in district hospitals and primary health centers. The package was put on hold by POLICY's counterparts with the suggestion that we propose the package again in the first part of POLICY's Year 2.
- *Contraceptive security*—POLICY would like to continue working in the area of contraceptive security and develop programs that are similar to those in Turkey, Romania, and the Philippines. The Guatemala Mission has also requested a presentation on what POLICY can do in this area. POLICY will seek to identify another good opportunity, perhaps in one of these countries, to advance the progress of USAID-assisted countries' progress toward contraceptive self-sufficiency.

- *RH and human rights*—This possible package would combine our work in building political commitment through strengthening and broadening the memberships of influential NGO networks. A human rights component, highlighting the RH-human rights connections and building advocacy capacity to expand on the RH-human rights message, would be added to our IR1 work in a country setting where this would be a productive approach.
- *HIV/AIDS*—The HIV/AIDS Division has approved POLICY carrying out one or two core packages. The focus area would pertain to policy approaches to reducing stigma and discrimination. (See section below on SO4 workplan).

In all of our core packages, a key component is to monitor and evaluate the program, and to document the results for audiences beyond that country in which the core package is implemented.

B. Non-Package Core Workplans

Funds not allocated to POLICY packages will be spent on certain key activities judged to be central to achieving project objectives by G/PHN/POP/P&E and by project management. These activities and the expected results for Year 2 are described in the following sections. Core funds allocated for Maternal Health and HIV/AIDS are summarized in subsequent sections of this workplan.

1. Core Workplan for IR1 (Non-package): Political and Popular Support Strengthened

The purpose of IR1 is to build political and popular support for client-focused FP/RH, HIV/AIDS, and maternal health policies and programs through the formation of sustainable NGO advocacy networks; foster the development and support of private and public sector policy champions; and create and strengthen private-public sector partnerships in the policy process. IR1 will continue to expand the repertoire of technical and training materials for FP/RH policy advocacy and network development; support materials development and implementation of advocacy activities in maternal health; and respond to opportunities for promoting adolescent reproductive health and human rights agendas with local partners. A main challenge facing IR1 in Year 2 is the integration of HIV/AIDS advocacy into the POLICY portfolio. In support of increasing the HIV/AIDS knowledge base and advocacy skills of local partners, decision makers, and networks, IR1 will expand staff capabilities in HIV/AIDS and adapt advocacy approaches, materials, and tools to respond to the challenge (see section on SSO4 workplan below).

In support of building popular and political support for FP/RH and maternal health, IR1 will direct Year 2 activities to achieving the following objectives.

1. Strengthen the advocacy and networking skills of project staff and partners
2. Provide technical assistance to country programs to integrate and implement advocacy and networking activities
3. Form and strengthen advocacy networks
4. Expand advocacy networks to include non-FP members, particularly youth, gender, or human rights groups
5. Identify and strengthen the advocacy skills of policy champions from all sectors
6. Foster and support opportunities to create and/or strengthen public-private partnerships

Summary of Year 1 accomplishments:

Major IR1 accomplishments in Year 1 focused on developing tools and materials to assess and support network sustainability and documenting achievement of IR1 indicators. A network sustainability training module was finalized and will be incorporated into the Advocacy Training Manual. Project staff will use the module to conduct sustainability workshops with well-established partner networks and assist in developing network sustainability plans. In conjunction with the training module, IR1 developed a sustainability diagnosis tool and a follow-up evaluation form to assess networks' efforts to implement their sustainability plans and measure achievement of the IR1 indicator "networks strengthened." Other IR1 evaluation tools developed were the "Network Member Profile" and the "Advocacy Network Questionnaire." Respectively, the tools document achievement of the following project-level IR1 indicators: "networks formed and expanded" and "NGOs representing youth, gender, or human rights issues brought into POLICY supported networks or coalitions."

To strengthen staff skills in advocacy and networking, core resources were used to design and conduct training sessions during Technical Development (TD) Week. Specific country-level accomplishments included formation of a FP/RH advocacy network in Uganda; and technical assistance (TA) to design a project design and advocacy workshop in Ethiopia, produce materials documenting advocacy activities in Ghana, and assist in the design of advocacy activities in Tanzania. POLICY also set in motion the formation of local networks in 5 districts in Romania. IR1 staff contributed to developing core package proposals for Ukraine, Romania, and Nigeria, including design and conceptualization, writing, and reviewing all proposals for integration of IR1 activities.

Core funds also supported collaboration with numerous international organizations. They included Population Action International (design and conduct advocacy workshop, "Asia Pacific Alliance: Advancing the ICPD Agenda."); Doctors without Borders in Ukraine (design and conduct advocacy training for People Living with AIDS (PLWA)); World Learning and National Democracy Institute in Romania (assist RH coalition to advocate for November 2000 national elections); and Maternal and Neonatal Health Project (design regional advocacy workshops for midwives in Africa, Asia, and Latin America).

In Year 2, IR1 core funds will be used to provide the following:

- Support country activities with TA, training, and small grants tailored to the specific identified needs of countries.

In consultation with regional and country managers and field staff, IR1 will provide guidance in developing and implementing workplan activities that emphasize the following results: form new and expand existing partner networks to include representations of youth, human rights, HIV/AIDS, and maternal health organizations, assess training and technical needs of partner networks and design appropriate training and TA that respond to those needs, and develop the technical capabilities of all partner networks. Working in collaboration with other IR directors and staff, we will create opportunities to integrate their tools, presentations, materials, and staff into the capacity-building activities of local partner networks and advocacy groups/champions.

Building on the experiences presented at the POLICY Participation Conference related to public-private partnership, IR1, through local partners, will support regional or national policy forum, to bring together leading public sector officials, policy champions, and NGO advocates to share their knowledge and experience of the systems, structures, and strategies needed to promote participatory policy processes.

For example, in the Sahel, core funds will continue to support the Sahel Population Network as well as the parliamentary network through the provision of TA and small grants to facilitate regional planning meetings and support the continued involvement of the Sahel Network Coordinator with network focal NGOs. In Turkey, we will provide the KIDOG network with a small grant to supplement field support efforts to expand network membership and advocacy activities into two new municipalities with FP/RH awareness raising and network building/advocacy training. In Tanzania, core will continue to support the country program by providing TA to a multisectoral group of NGOs, PWLAs, parliamentarians, and the national AIDS control organization to develop strategies for coordinating and implementing HIV/AIDS advocacy work. Depending on country resources and needs, core support may also be directed to IR1 activities in Guatemala, Uganda, Jamaica, Haiti, or Ghana, as well as other countries.

IR1 will work closely with IR3 to develop an appropriate mechanism—training, interactive presentation, etc.—for adapting the operational barriers paper to meet capacity-building requirements of networks and policymakers. Other IR materials and presentations, such as the recently developed presentation on financing, will also be adapted and integrated into training and TA plans of partners.

- Enhance staff and partner skills in advocacy, partnership, and networking.

There has been a significant increase in the number and types of IR1 support requested from field and US-based staff with respect to network formation, advocacy skill development, sustainability training and assessment, and promoting public-private partnerships. In order to provide a timely and appropriate response, IR1 will hire new staff and design and implement training and TA aimed at increasing US and field staff and local partner capabilities in these areas. Core funds will also support the participation of staff and/or local partners at international or regional FP/RH consultative meetings and conferences

IR1 will hire a Regional Advocacy Specialist for LAC to ensure the continued work and sustainability of LAC networks, create linkages with HIV/AIDS and maternal health activities in the region, assist LAC staff in identifying additional opportunities to integrate IR1 results in workplans, and contribute to global and other country programs as a member of the IR1 team. POLICY will also hire an HIV/AIDS advocacy trainer to support POLICY's expanding work in that area. In Africa, we will design and conduct a regional training-of-trainers (TOT) in advocacy workshop for POLICY staff and partners, addressing advocacy for both FP/RH and HIV/AIDS to better respond to demands for TA and training in network development and advocacy skills training. Furthermore, IR1 staff will work with POLICY regional managers to design and conduct relevant technical sessions during the respective regional TD Weeks. Also, we will identify opportunities for staff, network members, and/or policymakers to attend and present at international and regional initiatives addressing reproductive health. Lastly, core funds will be used to conduct an inventory of youth, human rights, and maternal health NGOs to foster network formation and expansion efforts.

- Collaborate with the Maternal and Neonatal Health (MNH) Project to design and conduct advocacy training for midwives and support follow-up maternal health advocacy work.

In Year One, POLICY received a request from the International Confederation of Midwives (ICM), through MNH, for technical assistance in advocacy for midwifery associations around the world. We will continue to work closely with the POLICY Maternal Health Working Group and MNH to implement the joint POLICY/MNH proposal "Midwifery Leadership Development" that was submitted to the USAID SSO2 team. Significant IR1 support will be directed to designing and conducting three regional advocacy workshops in Africa, Asia, and Latin America for ICM member associations in those regions, as well as providing small grants to associations to implement policy advocacy strategies developed by the midwives.

- Provide ongoing support to the design and implementation of core packages.

IR staff will continue to work on core package teams to integrate IR1 activities into FP/RH core package proposals and to implement the package activities. Existing core packages in Romania and Nigeria include significant staff time; potential new countries include Guatemala, and potential new focus areas include RH and human rights.

- Develop materials and tools to enhance advocacy and sustainability capabilities of networks.

In Year 1, POLICY received requests to translate and produce the Advocacy Training Manual in Turkish, Russian, and Romanian. Year 2 commitments will support these requests. IR1 staff will develop supplements to the Advocacy Manual for adolescents, human rights, and maternal health with input from staff in their respective technical areas. In addition, we are discussing the potential of developing of a “Policy Analysis Guide” to help selected policy champions improve their analysis, presentation, and advocacy skills. The working group charged with writing the guide is composed of U.S. and field staff representing all IRs.

- Develop linkages with HIV/AIDS advocacy activities.

IR1 support to HIV/AIDS advocacy programs and activities will be determined in consultation with project management and HIV/AIDS specialists.

Proposed core-funded activities for Year 2:

Country-level Technical Assistance

- Work with regional and country managers to identify opportunities to integrate IR1 activities into country workplans, and provide technical support, training, and small grants to implement country-level advocacy activities
- Provide technical and/or financial support to create new or revitalize existing networks, develop strategies for expanding network membership to non-FP organizations, foster network sustainability, and create opportunities to promote public/private partnership

Capacity Building for Staff and Partners in Advocacy

- Hire additional staff to strengthen IR1 activities in LAC
- Design and conduct regional “TOT in Advocacy” workshop for NGO partners and staff in Africa to accommodate increasing demands for creating and strengthening networks and providing advocacy skills training to networks and local partners
 - Work with regional and country managers to select field staff, partners, and counterparts to attend training
 - Based on level of interest/support from field, organize a five-day regional workshop
 - Design/conduct follow-up training practicum (in host country or trainees’ respective countries) immediately following TOT
 - Form regional advocacy training team to support country advocacy efforts
- Collaborate with the Maternal and Neonatal Health (MNH) Project to develop advocacy capabilities of midwives
 - Conduct regional leadership and advocacy workshops for midwives in Africa, Asia, and LAC
 - Provide small grants to support midwife associations’ advocacy strategies
- Support staff and partner participation in regional TD Weeks (specific responsibilities will be defined in consultation with regional managers and teams)

- Identify and fund opportunities for staff, network, and policy champions' participation in international and/or regional meetings/conferences on FP/RH
- Formalize efforts to conduct inventory and develop database of NGOs, CBOs, etc. working in youth, human rights, and maternal health for selected POLICY countries.
- Provide technical support to IR4 with respect to policy advocacy materials development.

Materials Development and Production

- Translate, edit, and print Advocacy Manual in Turkish, Russian, and Romanian
- Develop training materials on public-private partnership, operational barriers, financing, etc. to integrate into capacity building activities
- In collaboration with POLICY working groups, support development, translation and printing of technical supplements to Advocacy Manual on maternal health, human rights, and adolescent reproductive health (ARH)
- Coordinate development and production of policy analysis guide to help policy champions improve their analysis, presentation, and advocacy skills (under discussion).

Document IR1 Results

- Assist country teams in data collection and documentation of IR1 activities and accomplishments from country workplans
- Evaluate Advocacy Manual to identify users, applications and audiences; assess manual's relevance and effectiveness; and identify additional technical areas for future modules/revisions

Potential linkages to Year 2 field-support activities:

IR1 will work closely with country and regional managers and local partners to design and conduct advocacy training, assist in creating and strengthening advocacy networks, provide technical assistance for developing and implementing local advocacy strategies, develop advocacy skills and backstop local advocacy staff, and carry out activities to foster public/private/NGO partnerships. For example, in Ethiopia, IR1 will assist in adapting and integrating advocacy training materials into a locally designed policy analysis manual. In Russia, IR1 will support the Russian Advocacy Network for Reproductive Health to develop advocacy materials and provide small grants to new regional network branches. In Ukraine, IR1 staff will continue to provide technical support, training, and small grants to the Ukrainian Reproductive Health Network.

Expected achievements for Year 2:

- Advocacy networks formed and/or strengthened
- Advocacy networks expanded to include non-FP organizations
- Forum/seminars organized for public/private partnership
- Project staff and partner skills in networking, advocacy and partnership enhanced
- New IR1 staff hired to cover LAC and HIV/AIDS advocacy needs
- Training materials on public/private partnership, operational barriers, financing, etc. developed
- Policy Analysis Guide written and disseminated (under discussion)
- Advocacy Manual produced in Russian, Turkish, and Romanian
- Advocacy Manual supplements produced on maternal health, human rights, ARH

2. Core Workplan for IR2 (Non-package): Planning and Finance Improved

The focus of IR2 is to improve planning processes, encourage the efficient use of existing resources, and ensure that adequate additional resources are available to finance FP/RH, HIV/AIDS, and maternal health programs. We will work closely with the IR1 team to use advocacy to support efficient and focused financing choices and with IR3 to ensure that sound research and accurate data guide financing decisions. We will use these experiences and directions for our two main priorities: raising awareness of FP/RH planning and finance issues among host-country and donor leadership, and obtaining definitive results from POLICY packages applied in country.

Summary of Year 1 accomplishments:

- P&F presentation for POLICY staff TD Week (October 2000)
- Participated in and provided technical direction in developing of POLICY “package” for Romania, Ukraine, and Nigeria
- Prepared two presentations on the theme “Meeting Reproductive Health Needs: Better Planning and Financing.” The presentations are designed to raise awareness among USAID Missions about the need to address planning and finance issues in their respective countries and to help country managers develop skills necessary to use P/F tools in support of project objectives.
- POLICY staff co-authored an article on “Resource Needs for HIV/AIDS,” which was published in the June issue of the journal *Science*
- Prepared a background analysis paper on “Issues and Strategies for Sustainability of Family Planning Service in Egypt” for the Population Sector Sustainability Conference held in Alexandria, Egypt from May 3-4, 2001
- Provided inputs to the Commonwealth Regional Health Community Secretariat in preparing HIV/AIDS strategies for the 14 member governments. Information from POLICY presentations delivered in March 2001 has been included in the draft regional strategy

Drawing on Planning and Finance activities in Year 1, we will build on the outcomes of country-level work undertaken on issues such as contraceptive security, operational policy analysis, and decentralization. Looking forward into the remaining years of the project, POLICY will focus IR2 core funds on:

1. Building capacity of project staff and LTAs to identify and address planning and finance issues in their respective country programs
2. Advancing policy approaches to addressing key goals in planning and finance

In Year 2, Year 2 core funds will be used to:

- Disseminate one or more presentations aimed at raising awareness of key FP/RH finance issues. These presentations will be targeted to project and USAID staff in Washington, D.C. and the field to increase understanding of financing issues and approaches to address these issues. POLICY will disseminate the Planning and Finance presentations developed in Year 1, along with an accompanying booklet and planning checklist through a series of brown bag lunches for USAID and project staff in Washington D.C. and sessions at the regional TD Weeks. POLICY staff will also use these presentations or some derivation of them during visits to USAID Missions. This approach is already underway in the LAC region. In July, POLICY staff will travel to Guatemala to make a presentation on contraceptive security. The USAID Missions in both countries are contemplating phaseout and have indicated a strong interest in learning about POLICY work on this topic. During the upcoming LAC regional TD Week, an entire day will be devoted to RH planning and financing issues. In addition to an interactive delivery of the more general presentations on “Meeting

Reproductive Health Needs: Better Planning and Financing,” there will also be topical presentations on 2-3 priority issues such as contraceptive security, HIV/AIDS financing, and health sector reform. The presentations will be followed by ample discussion and work group sessions that will be geared to encouraging country staff to use the information in the presentations to identify opportunities for finance work in their workplans. Depending upon requests from the field, IR2 may support more-in-depth training or TA to country programs. IR2 staff will work with other regions as well to develop strategies to raise awareness and generate interest in planning and finance work among Mission and local POLICY staff. In addition, to increase the level of expertise among LTAs/Country Directors in planning and finance issues and methodologies, we may provide much more intensive training. For example, in collaboration with IR4, the element could support a local staff person from select countries to participate in intensive training on RH financing, with the caveat that they use that training to achieve an IR2 result in that country.

- Develop new, and improve existing, tools and techniques as practical, user-friendly approaches that POLICY country managers can use to improve planning and finance in selected countries (see chart below):

Goal	Approach
Good Planning	Build public-private collaboration Priority-setting techniques Decentralization
Efficient Use of Resources	Operational policy analysis Market segmentation Source and use analyses
Adequate Resources	Contraceptive security New financing mechanisms Insurance

During Year 2, we will focus on three of these approaches, one from each goal. They include contraceptive security, operational policies, and priority setting.

Contraceptive Security. The element will assist in developing a package to support contraceptive security issues in one or two countries. The USAID mission in Guatemala has already expressed interest. As a precursor to providing this support, the element will prepare a policy brief that identifies key policy concerns in addressing contraceptive security issues and develop a presentation on POLICY’s approach to contraceptive security. In developing the paper and presentation, POLICY staff will undertake an analysis of materials distributed at different contraceptive security conferences and distil the policy issues and approaches for dissemination. Additionally POLICY staff will explore opportunities to engage the commercial sector in POLICY countries in a dialogue on contraceptive security.

Operational Barriers. IR2 will coordinate with IR3 to encourage the efficient use of available resources through the reduction or elimination of operational policy barriers. IR2 staff will provide TA to local counterparts in identifying operational barriers and their policy roots, and developing new/revised operational norms and policies that address these barriers. Potential countries for core package development include Guatemala and Jamaica. Ukraine will initiate work on such a core package in Year 2.

Priority Setting. In the area of priority setting, the element will support documenting the lessons learned from different country programs assisting in setting RH priorities.

Much of the work on contraceptive security, operational barriers, and priority setting at the country level will be done through the development of country core packages. The project will use core packages that focus on IR2 activities and approaches as an “immersion method” of building knowledge and skills in planning and finance among LTAs. As such, LTAs and country directors will be closely involved in every aspect of package development and implementation. Core support will be used occasionally to support small-scale activities that could include undertaking research studies, developing background contraceptive security papers, and/or documenting country program results where any of these approaches are implemented. In conjunction with the POLICY packages, IR2 will participate in country assessments and in the hiring of local planning and finance advisors.

Proposed core-funded activities for Year 2:

- Develop policy brief on policy issues in contraceptive security that draws on global conferences and national experiences gained under POLICY
- Document lessons learned in setting priorities from different country programs for POLICY staff and CTOs
- Disseminate awareness-raising presentations of POLICY approaches to key FP/RH planning and finance issues through BBLs for DC-based project and USAID staff, at regional TD Week sessions for offsite POLICY staff, and during TDYs for Mission audiences
- Help design regional TD week sessions to encourage country staff to use information from presentations to incorporate planning and finance activities and results into country workplans; provide follow-up TA
- Provide technical direction in the development and implementation of core country “packages” on contraceptive security, operational barriers, and priority setting. Use the implementation of these packages as an opportunity to build knowledge and skills in planning and finance among local staff
- Support one or two LTAs to attend training workshops in planning and finance

Potential linkages to Year 2 field-support activities:

- TA to Ukraine and Guatemala in respectively setting priorities and addressing operational policy barriers
- TA to Egypt in financial sustainability
- Continuing TA to address contraceptive security issues in the Philippines

Expected achievements for Year 2:

- POLICY staff, including LTAs as well as an increasing number of USAID/W and Mission PHN officers, will be able to identify key finance issues and/or possible approaches in the countries in which they work
- POLICY staff and counterparts will be able to identify problems and develop strategies in the three prime areas of contraceptive security, priority setting, and operational policies
- Philippines will direct more resources to contraceptive commodities
- Egypt will develop a strategy and implementation plan on financial sustainability
- New/revised operational policies in Romania help translate national contraceptive security policies, including targeting strategies, into action

3. Core Workplan for IR3 (Non-package): Accurate, Up-to-Date Information

The development and use of information are crucial to successful policy assistance; thus sound information underpins all project activities. The objective of IR3 is to provide information, generated from primary or secondary research or the application of computer models, to understand RH dynamics, explore answers to key policy questions, advocate for change, examine planning and organizational needs and to estimate the resources required to achieve RH goals.

Summary of Year 1 accomplishments:

Models. Under IR3, POLICY continued dissemination of SPECTRUM models (over 200 sets were sent out and more downloaded from the Internet). Selected modules of SPECTRUM were translated into Spanish and French and the AIM module into Portuguese. After extensive discussion with the SSO2 team at USAID, POLICY staff started work on the new safe motherhood model (see description of SSO2 activities in subsequent section).

Research. To guide the work of the POLICY Project in the area of operational policies, staff prepared a literature review of ongoing efforts to improve the performance of health systems and drafted a paper titled, “Addressing Barriers through Operational Policy Reform: Improving Reproductive Health Programs.” At the request of USAID, staff completed an analysis of current estimates of worldwide unmet need for family planning. Two sections of the efficacy guide for reproductive health interventions have been drafted. IR3 staff provided assistance to country programs to develop and review research protocols and data collection instruments.

In Year 2, IR3 core funds will be used to:

- Update policy models to address key RH concerns (safe motherhood, adolescents, HIV/AIDS)
- Update, translate, and disseminate policy models
- Support one or more selective policy studies with global implications
- Support country research with TA
- Disseminate policy research and analyses through *Policy Matters*, working papers, occasional papers, and journal articles
- Strengthen research training under IR4

Proposed core-funded activities for Year 2:

Update policy models to address key RH concerns (safe motherhood, adolescents, HIV/AIDS)

- Complete NewGen model, including manual and documentation

Update, translate, and disseminate policy models

- Continue to disseminate SPECTRUM models
- Update SPECTRUM to Delphi 5 programming language

Support global policy-relevant research

- Provide technical input to case studies of ARH programs in three to five countries (in collaboration with the ARH Working Group)
- Complete the Efficacy Guide of state-of-the-art knowledge of the effectiveness of RH interventions work

- Fund RAND, Pathfinder, and ICDDR,B to conduct additional analysis on the effect of family planning on abortion in Bangladesh (a follow up to the POLICY I Global Commissioned Study with RAND, Pathfinder, and ICDDR,B)
- Provide core TA for an analysis of the effects of instituting a fee for condoms on contraceptive/condom use in family planning clinics in Jamaica in collaboration with the Jamaica country program (under discussion)
- Provide TA to country or package-funded research through access to a core research team (e.g., Ukraine, Romania)

Disseminate policy relevant research through Policy Matters, working papers, occasional papers, journal articles and brown-bag lunches (BBLs)

- Collaborate with Quality Assurance Advisor to convene a research dissemination committee
- Complete and distribute a POLICY Occasional Paper titled, “Addressing Barriers through Operational Policy Reform: Improving Reproductive Health Programs.”
- Prepare a journal article on India operational policy studies and outcomes (in collaboration with India country office)
- Prepare a journal article on implementing reproductive health in the era of health sector reform (in collaboration with the World Bank Institute for *International Family Planning Perspectives*)
- Prepare a paper (or series of papers) on POLICY’s work in policy (using the project’s results and results from POLICY I)
- Prepare up to five *Policy Matters* on topics TBD in consultation with USAID
- Conduct BBL on operational policy approach and methodology

Strengthen research training under IR4

- Provide training and mentoring to staff for producing and publishing research results

Potential linkages to Year 2 field-support activities:

- Operational policy work incorporated into country programs
- Technical review of country-level research in five countries
- Publication of global and country-level research

Expected achievements for Year 2:

- NewGen completed and disseminated; safe motherhood model drafted
- Operational policy work better incorporated into project activities
- Staff trained in producing papers and other documentation of research results
- POLICY research results published in various forms
- Efficacy guide completed and disseminated

4. Core workplan for IR4 (Non-package): Capacity Building

The goal of IR4 is to develop local training capacities so that training of current and future policy champions is self-sustaining. To achieve this goal, we will continue to focus in Year 2 on improving the skills of LTAs to advance the policy process and strengthen institutional training capacities in policy topics in local institutions and universities. By the end of the project, we expect that scores of LTAs employed in field-supported country programs will be actively providing TA and training to their colleagues. Further, a number of regional and national institutions will have established ongoing, policy-related programs with the potential of reaching thousands of counterparts into the next decades.

Our general strategy continues its two objectives. The first is to improve the skills of our existing overseas staff and introduce new overseas staff to POLICY approaches and technical methodologies. The second is to apply the experience, technical knowledge, and professional connections of selected, most senior country directors to set up and institutionalize course work at national and regional universities and training centers.

Summary of Year 1 accomplishments:

- POLICY overseas staff functioned with increased effectiveness in their performance due to training received during the TD Weeks and thereafter.
- Two subsequent TD Week plans were developed for application in the Africa and Latin America regions during Year 2.
- POLICY staff coalesced as a team with enhanced vision of the project and standardized capabilities in designing, implementing, and reporting on their country programs.
- Two courses were developed and introduced into training institute curricula.
- Regional Coordinators for Capacity Building initiated activities to promote the teaching of FP/RH policy analysis among key educational institutions in Egypt, Jordan, and the Philippines.

Under IR4, Year 2 core funds will be used to

- Improve the skills of POLICY II staff through technical updates and sharing of field experiences
- Support POLICY country staff that have solid working connections in local academic and training settings to introduce policy-related courses or selected modules into existing programs and curricula
- Strengthen and standardize skills of four or five highly qualified staff to serve as Regional Coordinators of Capacity Building, in order to systematize approaches to introduction of policy-related courses, enhance their curriculum development capabilities, develop prototypic policy course learning packages, and design and offer tailored internships for promising, young policy work candidates
- Complete the survey of policy-related course work taught in major U.S. and developing country universities and regional training centers
- Assess the relevance of the materials and potential for teaching policy analysis skills to graduate-level students and career professionals and from the most appropriate of these materials prepare course learning packages for application at selected universities and training centers

Proposed core-funded activities for Year 2:

- Hold an Africa Regional TD Week in fall 2001 or early 2002 for all regional POLICY technical staff, including the in-country staff
- Hold an LAC Regional TD Week in fall 2001 for all POLICY technical staff, including the in-country staff
- Conduct a workshop for Regional Coordinators of Capacity Development in 2002 to standardize curriculum development approaches, select materials from which to complete several prototypic, policy-related course learning packages
- Plan for several courses to be introduced at local or regional universities and training sites in FY2002 (e.g., in Egypt, Jordan, Philippines, Mexico, and South Africa)
- Reach agreement on FP/RH policy-related courses to be introduced into the curricula of local and regional universities or training centers
- Develop approaches and guidelines for tailored policy internships supervised by senior LTAs

- Assess progress to date by the end of FY2002

Potential linkages to Year 2 field-support activities:

- Development of CRHCS senior staff capabilities to enhance policy training among country counterparts in the East and Southern Africa region, work closely with NGOs in policy advocacy, and develop regional strategy for HIV/AIDS interventions and resource mobilization
- South-to-south policy analysis and advocacy training in Egypt
- Policy analysis training guide for decision makers in Romania
- Policy analysis, formulation, and advocacy courses at universities in Jordan
- Training of state and local college and university faculties in the Philippines in use of population and health data, so as to work with local health authorities in developing evidence-based resource allocation plans in decentralized settings

Expected achievements for Year 2:

- POLICY overseas staff in particular will be more effective in their performance thanks to training received during the regional TD weeks and thereafter
- POLICY staff will function as a team with a common vision of the project and increasingly demonstrated skills in designing, implementing, and reporting on their country programs
- Regional Coordinators for Capacity Building will be active in their countries in promoting the teaching of FP/RH policy analysis in key educational institutions
- Two policy-related prototypic policy course learning packages will be developed, disseminated, and available on the POLICY Project website
- Three or more policy courses will have been developed and introduced into university or training institute educational programs and curricula

5. Core-Funded Working Groups

To foster project-wide understanding of important crosscutting issues, POLICY has three working groups on adolescents, gender, and human rights to provide technical inputs to our policy work in family planning, HIV/AIDS, and maternal health. The chairpersons and members of these groups are identified in Table 2. The objectives of the working groups are to define crosscutting issues, determine applicability to POLICY's work, raise awareness among POLICY staff about the issues, and suggest technical approaches that can be incorporated into country work. The specific activities associated with each working group are described below.

Adolescent Working Group. The purpose of the Adolescent Working Group (AWG) is to create a shared understanding of critical issues in adolescent reproductive health (ARH) both globally and regionally, and to explore ARH issues in the context of sexual and reproductive health policy. A primary role of the AWG is to educate POLICY staff about ARH to promote greater integration of ARH policy activities into country programs and activities. In keeping with this, another important purpose of the AWG is to create and collect relevant supporting information, resources, and tools for POLICY staff use in their efforts to raise awareness concerning the importance and magnitude of ARH issues in the policy context.

Planned activities for Year 2 include:

- Conduct a POLICY staff survey/evaluation of perceived ARH-related awareness and needs

- Develop PowerPoint presentation(s) and training session(s) that can be adapted by staff to meet local ARH needs in the context of other crosscutting issues, such as human rights, HIV/AIDS, and gender, in collaboration with other working groups
- Conduct a comparative RH policy case study focusing on the ANE Region for use in the ANE SOTA course and by POLICY country activities (ANE funded and subject to final agreement)
- Develop PowerPoint presentation(s) and training session(s) for use in the ANE SOTA and in POLICY country activities (ANE funded and subject to final agreement)
- Prepare policy brief based on a comparative study of ARH policies in three countries (Jamaica, Nigeria, and the Philippines)
- Organize four “brown bag” seminars/workshops to expose staff to the latest developments in adolescent policy work
- Develop an annotated bibliography of selected/best ARH policy-related documents
- Collect information on youth-related policies and organizations by country (in collaboration with IR1)
- In collaboration with IR3, revise and update NewGen modeling package
- In collaboration with IR1, develop an ARH segment of existing advocacy manual
- Collaborate with FOCUS on Young Adults follow-on project

Deliverables/outputs

- Two or more PowerPoint presentations
- Multicountry comparative policy brief
- Four seminars/workshops for POLICY and CA staff
- Staff survey results (presentation)
- ARH segment of advocacy manual
- Case study fieldwork and analysis completed; draft report/paper

Gender Working Group. The objective of the Gender Work Group (GWG) is to support the integration of gender into the POLICY Project and policy activities of USAID/G/PHNC. Our strategy is multipronged. We will

- Use limited core resources to cover staff participation on the IGWG, provide training and TA, and promote information-sharing on gender;
- Leverage our technical inputs to and the resources available through the IGWG, by adapting the materials and methodologies for use in POLICY; and
- Advocate to project staff and USAID (global bureaus, regional bureaus, and Missions) for greater allocation of resources to gender in policy programs, as well as leverage resources by partnering with other projects to address gender in RH.

Planned activities for Year 2 include

- Bringing IGWG tools and the results of the POLICY Gender Special Study to bear in POLICY’s portfolio, through dissemination of materials (including via the Intranet) and TA to adapt tools as needed to a field setting
- Preparing materials, advising country teams, and/or facilitating sessions on gender for the annual POLICY Regional Meetings
- Helping to identify, design, and co-fund innovative RH research initiatives in POLICY country programs that include a strong gender component
- Leading the IGWG Task Force on Gender and HIV/AIDS
- Leading the IGWG Task Force to collect evidence-based examples of gender-sensitive RH programming

- Providing gender training/workshops to USAID and CAs in collaboration with USAID IGWG counterparts
- Evaluating the impact of our efforts at the end of the year

Human Rights Working Group. The Human Rights Working Group (HRWG) defines crosscutting human rights issues; determines their applicability to core and country activities concerning FP/RH, maternal health, and HIV/AIDS; develops human rights tools through collaboration of staff, CAs, USAID, and outside professionals; and raises awareness of human rights issues and perspectives throughout the project.

The primary focus of the HRWG is on promoting improved technical approaches to influence international, regional, and country activities addressing the following four human rights that underlie POLICY's SO indicators: (1) the right to equal protection and nondiscrimination in policies, plans, and guidelines¹; (2) the right to association, and removal of provisions in legislation and regulations creating barriers to the private sector (NGO women's health associations, PLWAs organizations); participation in policy development and service delivery; (3) the 'right to highest attainable standard of physical and mental health,' and access to services and medications; and (4) the right to equal protection and equitable resource allocation and use.

Accordingly, the objectives and activities set out in the HRWG workplan are intended to integrate generally throughout POLICY with country and core workplans. Similarly, the objectives and activities set out in the HRWG workplan are intended to integrate specifically where country workplans or core workplans (e.g., Zambia human rights project) expressly or implicitly include human rights activities.

While not all activities can be accomplished, the working group considers the following field and core human rights-based activities worthy of exploration for potential implementation in Year 2.

POLICY SO: Policies and plans promote and sustain access to quality FP/RH services, including maternal health and HIV/AIDS

- Support adoption (approval) of national/subnational policies, plans, and guidelines with non-discriminatory human rights based provisions promoting access to quality RH/HIV/AIDS services, particularly in health care settings
- Support reduction or elimination of particular barriers, identified as human rights violations in legislation and implementing regulations to private sector (e.g.; human rights NGOs; women's law associations; 'minority' bar associations, PLWA NGOs) participation in RH/HIV/AIDS policy development and service delivery
- Support increased resource availability for RH/HIV/AIDS, including provisions pursuant to the 'right to health' for family planning, safe motherhood, and anti-retroviral medications and associated services
- Support adoption (approval) of measures that encourage equitable resource allocation and use to ensure equal non-discriminatory access to RH/HIV/AIDS services, particularly for vulnerable groups (e.g., children, adolescents, pregnant women, males having sex with men (MSM), commercial sex workers (CSW), and intravenous drug users (IDUs))

¹ See POLICY Project Design, Evaluation, and Quality Assurance Manual notes on SO indicators: "Policies, plans, and guidelines include broad population policies and population laws. They also include programmatic and organizational documents whose objective is to regulate what kinds of services may be delivered, to whom, and under what conditions. Included in this rubric are removal of regulatory barriers to wider service delivery, such as restrictions on promotion of and eligibility for services, taxes, and import duties, etc."

IR 1: Political and popular support broadened and strengthened

- Bring NGOs—such as women’s health associations and PLWA organizations—representing human rights and maternal health issues into POLICY-supported networks and coalitions
- Strengthen NGO human rights networks or coalitions at national, subnational, and community levels, with particular focus on the three components of network sustainability (institutional, programmatic, and financial)
- Identify and engage NGO human rights organizations as “champions” to create new or to strengthen existing human rights activities in POLICY countries seeking to add human rights as a cross cutting issue
- Add in a human rights component/module/supplement to the ‘networking for policy change: advocacy-training’ manual
- Broaden membership of HRWG to include representatives from NGO women’s health organizations (e.g., International Center for Research on Women) and representatives from so-called ‘traditional human rights organizations (e.g., Human Rights Watch, Lawyers for Human Rights, Physicians for Human Rights)
- Consider development of a core package linked to IR1 with a human rights theme

IR 2: Planning and finance for FP/RH improved

- Actively participate and provide technical assistance in drafting plans, policies, or government orders or decrees that use POLICY-supported research/analyses (e.g., in assisting the Kenya National AIDS control program task force on HIV/AIDS legislation)
- Promote equitable allocation of resources as a human rights issue

IR 3: Accurate, up-to-date, relevant information informs policy decisions

- Create indicators of the elements of ‘enabling legislation’ as part the ‘HIV/AIDS Legislation Score’ (an indicator of discrimination provisions in national or subnational legislation impacting HIV/AIDS)
- Collaborate with the American Bar Association in the creation and field-testing of the ‘CEDAW Index’, a USAID-supported indicator of the country-level application of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)
- Use human rights information and findings from POLICY sponsored studies in formulation national/subnational policies/plans, guidelines, and/or government orders/decrees (e.g., analysis of legislation in Tanzania concerning HIV/AIDS)
- In collaboration with POLICY’s Adolescent Working Group, prepare two PowerPoint presentations on the subject of Youth, Human Rights, HIV/AIDS, and Reproductive Health
- In collaboration with PASCA, adapt the Spanish-language presentation on human rights and HIV/AIDS in Central America for use in all POLICY Spanish-language countries
- Prepare an annotated review of key international human rights treaties applicable to FP/RH, maternal health, and HIV/AIDS
- Conduct at least five BBLs on human rights issues linking the four human rights associated with the SO-related indicators discussed

IR3.1: Increased critical information base

- Apply the AIDS Program Effort Index (API) revised section on human rights and legal and regulatory provisions in POLICY countries
- Review, assess, and propose revisions to national legislation and regulations concerning human rights and HIV/AIDS according to priorities identified by POLICY country projects, such as discrimination in employment, right to RH services, access to AIDS medication

IR 4: In-country/regional capacity to provide policy training enhanced

- Identify and analyze explicitly and implicitly stated human rights components of country activities
- Conduct human rights and human rights tools training for POLICY LTAs and counterparts

- Contribute human rights curricula and/or instructors in regional TD Weeks
- Contribute human rights curricula and/or instructors in US-based and international training programs (e.g., the human rights, law, ethics' one-day satellite workshop, 2002 international AIDS meeting, Barcelona; the 'human rights and health; exploring the connection' three-day conference, 2001, Philadelphia)
- Link human rights training with other country sector activities, such as law reform in democracy and governance sector involving Tanzania Women's Lawyers Association workshop for judges
- Include human rights training activities and curricula as part of policy analysis, planning, finance, and advocacy

Table 2. POLICY Working Groups

Working Group	U.S.-based Members
Adolescents	Lead staff: Christine Varga Other POLICY staff: Ed Abel, Koki Agarwal, Danielle Grant-Krahe, Karen Hardee, Scott Moreland, Sue Richiedi, Molly Strachan, Kristen Totino Other members: Lindsey Stewart (FOCUS), Nancy Murray (FOCUS)
Gender	Lead staff: Mary Kincaid Other POLICY staff: Karen Hardee, Jeff Jordan, Susan Settergren, Daly Salegio Other members: Blakley Huntley and Anne Eckman (consultants)
Human Rights	Lead staff: Lane Porter Other POLICY staff: Kokila Agarwal, Shawn Aldridge, Karen Foreit, Genevieve Grabman (intern), Karen Hardee, Norine Jewell, Alan Johnston, Jeff Jordan, Monica Medrek, Megan Noel, Kevin Osborne, John Stover, Molly Strachan Other Members: Clif Cortez (USAID), Julia Ernst and Heidi Mason (CRLP)

Expected Year 2 achievements for working group activities:

C. Use of Safe Motherhood (SS02) Core Funds

The POLICY Project seeks to assist countries in reducing maternal mortality by raising awareness, building political commitment, increasing resources, and improving the efficiency of maternal health programs. POLICY's maternal health program contributes to USAID's SSO2 Results Framework as follows:

- IR2.2: *Improved policy environment for maternal health and nutrition programs*
- IR2.2.1: *Broadened public and private political commitment to maternal survival, including strategic planning for and resource allocation to maternal health and nutrition*

Proposed Activities:

Create and Disseminate Maternal and Neonatal Program Index (MNPI) Fact Sheets and Conduct Program Index in POLICY E&E countries. During the last year, POLICY began to produce fact sheets for all POLICY countries for which MNPI data exist. POLICY proposes to introduce the fact sheets to local counterparts through advocacy seminars in five countries. In addition, the E&E region was not included in the first rating of maternal and neonatal health programs. POLICY has begun to use the Program Index in four E&E countries—Romania, Russia, Turkey, and Ukraine.

Develop Maternal Health Advocacy and Planning Model. Computer models have proven to be highly successful in advocating for improved policies and services for family planning and HIV/AIDS. An advocacy model is useful for demonstrating why governments and donors should work to reduce maternal

mortality. However, advocacy is improved if it can also show the links between specific interventions and their consequences, which can then be used to make planning and resource allocation more efficient. The model that POLICY will develop is intended as both a planning and advocacy tool and will be based on the set of MNPI measures and elements of FamPlan. Funds will be spent on developing the model, testing it in at least one country, and incorporating it into the SPECTRUM suite of models.

Conduct advocacy training for midwives—a joint activity by POLICY, Maternal and Neonatal Health (MNH) program, and the International Confederation of Midwives (ICM). The goal of this effort is to develop and strengthen midwifery leaders who can play an active role in policy development and advocate for an increased level of commitment and resources toward the reduction of maternal mortality and morbidity and neonatal mortality in their respective countries. MNH, POLICY, and identified ICM member associations will implement this project in three regions: Asia, Latin America, and Africa. Project implementation will be grouped into three phases over 18 months. Phase I will include baseline assessments and advocacy/leadership training events. Phase II will consist of follow-up activities by midwife participants in selected countries, including involvement in policymaking arenas and networking activities. A small grants program will also begin at this time. Phase III will concentrate on follow-up, evaluation, and sustainability. It will include three 3–5 day TOT sessions and will involve a regional institution and ICM representatives to help ensure sustainability.

Postabortion care (PAC). POLICY will work with other partners in the Francophone Africa region to support a PAC activity that will help generate needed data and build political and popular support to put in place national policies for improved access to PAC services in the region. The activity will be supported through a francophone PAC consortium of CAs and other organizations working in the region. Major activities include the development of case studies to analyze experiences and obstacles to PAC in West Africa, and a major regional PAC conference in February 2002 in which country delegations will develop PAC strategies appropriate to their context.

Support USAID's SSO2 Safe Motherhood team. POLICY will be responsive to the needs of the SSO2 team. In some instances, this may include participating in a technical seminar series that is sponsored by the SSO2 team. In other instances, it may involve presenting policy issues at regional or global conferences that are focused on maternal health.

Implement a Maternal Health Package in a country. POLICY proposes to conduct a core-funded Maternal Health package in a country. While this package would be implemented in a single country, it would have global lessons and implications. Possible examples include:

1. Follow-up to the midwives advocacy training activity in one country by providing focused TA to integrate midwives into policymaking bodies, scale-up advocacy and organizational development skills to other midwife leaders in the country, and plan and implement advocacy plans.
2. In one country, conduct policy dialogue and policy analyses in conjunction with policymakers and stakeholders to remove an operational policy barrier to providing quality maternal health care thereby improving maternal health. Barriers may include (1) a limit to the procedures that midwives are allowed to conduct during pregnancy and delivery, (2) unavailable or broken transportation vehicles, or (3) inefficient staff allocation to facilities (too few or too many staff at a facility).

Expected Year 2 achievements:

- Relevant information informs policy decisions through the use of MNPI fact sheets
- Political and popular support broadened and strengthened through the use of the maternal health computer model for advocacy and raising awareness

- Improved planning and resource allocation for maternal health through the use of the maternal health computer model
- Increased number of midwives participates and is included in decisions affecting policies related to maternal and neonatal health
- Increased programmatic sustainability of local midwives' associations and their efforts to participate in the policy arena

D. Use of HIV/AIDS (SS04) Core Funds

The POLICY Project collaborates with host-country counterparts in a variety of activities designed to improve support for comprehensive multisectoral HIV/AIDS policies and programs. Building on the global lessons learned after two decades, POLICY's HIV/AIDS strategy is aimed at building and strengthening the *policy synergy* between the HIV/AIDS responses of both national governments and key sectors of civil society. By enhancing the personal and institutional capacity to respond to the ever-increasing demands of the epidemic, improved policy, program, and operational responses will be stimulated, which will also support increased funding at both global and national levels. A broad and comprehensive multisectoral response, based on principles of human rights, gender equity, and attention to adolescents—POLICY's crosscutting issues—will ensure that a wide range of influential policy champions are cultivated and that issues related to stigma and discrimination—for many the Achilles' heel of this epidemic—are appropriately addressed.

Strategic national government partners will include both national AIDS councils (where they exist) and AIDS control programs; however, increased attention will also be paid to the following lead HIV/AIDS ministries: Health, Education, Welfare, Finance, Local Government, and Uniformed Services. Key civil society partners will focus on organizations of PLWAs; faith-based organizations; the world of work; and organizations aimed at addressing the broader developmental influences of the epidemic. By working in conjunction with and through the above-mentioned key government and civil society groups, both the implementation of scale-up programs as well as political and community commitment will be improved. For it is in strengthened public and private partnerships that the most effective and sustained HIV/AIDS interventions are realized.

HIV/AIDS activities are carried out with core funds from the HIV/AIDS Division, from various regional bureaus (Africa and ANE), and with field-support funds from USAID Missions in individual countries. Country-specific activities are presented in the country pages of the workplan. POLICY has received \$2,200,000 in core support from the HIV/AIDS Division, of which \$1,000,000 has been earmarked for the initiation of the global interfaith initiative (in preparation for a competitive USAID bid within the next nine months). The Africa Bureau has committed \$1,385,000 to POLICY, of which \$750,000 is in support of the Southern Africa Regional program. POLICY has also received \$829,000 from the ANE Bureau in support of HIV/AIDS activities in that region.

Since the inception of POLICY II, our HIV/AIDS portfolio has grown dramatically. To accommodate the increased flow of funds from both the HIV/AIDS Division and the various bureaus, POLICY's new multisectoral HIV/AIDS strategy will simultaneously capitalize on our existing policy work with various national governments and increase involvement of key civil society sectors, an essential element of an expanded and comprehensive policy response. In this way strategic and cumulative results will be reflective of the broader HIV/AIDS multisectoral policy environment. In order to optimize its HIV/AIDS response, POLICY has also strengthened its management team (see Section V, Operational Plan, for more information).

Parallel to the use of core funds from the Office of Population, the purpose of core HIV/AIDS funds is to

- Advance and update our technical knowledge around global HIV/AIDS trends within a multisectoral framework;
- Demonstrate or test new and innovative approaches, using the core package model, toward tackling issues of global HIV/AIDS policy constraint; and
- Provide additional resources that would shed light on a critical HIV/AIDS policy issue that otherwise would not be funded by a Mission.

POLICY Project HIV/AIDS activities are designed primarily to support USAID's Strategic Support Objective 4 (SSO4), and in particular IR4.3, *Improved knowledge about and capacity to address the key policy, cultural, financial, and other contextual constraints to preventing and mitigating the impacts of HIV/AIDS*, as well as IR4.4, *Strengthened and expanded private sector organizations' responses in delivering HIV/AIDS information and services*. In addition, several project activities also support IR4.5, *Improved availability of, and capacity to, generate and use data to monitor and evaluate HIV/AIDS/STI prevalence, trends, and program impacts*.

The following is a summary of some of the new HIV/AIDS core-funded activities envisioned for Year 2. Many Year 1 activities will also continue into Year 2.

IR1. Political and popular support broadened and strengthened

- Support follow-up advocacy activities for ASICAL to improve the policy and human rights environment for MSM in Latin America
- Develop and implement a global HIV/AIDS interfaith initiative to guide the future development of a competitive USAID procurement; "Speaking Out in Faith" will develop the advocacy potential of faith leaders
- Sponsor opportunities for key stakeholders through international and regional HIV/AIDS meetings (ICASA, World AIDS Conference 2002, GNP+) in support of multisectoral programming
- Support implementation of core package in one POLICY country to address issues related to HIV/AIDS stigma and discrimination
- Follow up and increase support of the involvement of nonhealth-development NGOs in AIDS activities in the nonpresence countries (Swaziland, Botswana, and Lesotho)

IR2. Planning and financing for HIV/AIDS improved

- Develop regional (Southern Africa) policy and program guidelines related to multisectoral HIV/AIDS programming
- Update AIM presentation with new modules on HIV/AIDS care
- Collaborate with UNAIDS in the development of improved techniques to estimate and project the HIV epidemic
- Disseminate results of the AIDS Program Effort Index
- Develop and implement a global HIV/AIDS interfaith initiative to establish approaches that can be replicated; "Models of Care" will address the link between faith, care, and HIV/AIDS

IR3. Accurate, up-to-date, relevant information informs policy decisions

- Develop and implement a global HIV/AIDS interfaith initiative, which will include the development of a website and global database, as well as additional information on addressing stigma
- Develop policy and program impact/issues related to HIV/AIDS, sustainable development, and agriculture
- Develop multisectoral support guidelines
- Update regional (Southern Africa) AIM booklet

- Increase economic information on impacts, cost-effectiveness, and reference group
- Develop regional AIM booklet/presentation for the ANE region

IR4. In-country/regional capacity to provide policy training enhanced

- Support Health Economics and Research Division of Natal University, which will include the establishment of a regional mobile task team on health
- Develop SOTA training course on HIV/AIDS and HIV/AIDS policy
- Train in-country LTAs
- Develop and implement a global HIV/AIDS interfaith initiative, which will include a demonstration-training project in Southern Africa

Additional core-funded HIV/AIDS activities are currently under discussion with the ANE Bureau. A more detailed list of activities supported by HIV/AIDS core funds appears in Appendix B.

IV. COUNTRY WORKPLANS

POLICY II country activities are mainly carried out with field-support funds from USAID Missions and regional bureaus. POLICY is now working in 30 countries. Programs in Malawi and REDSO/E are gearing up in FY01 as are new programs in Cambodia, Mali, and Zambia. POLICY's work in Paraguay was completed during the project's first year of operation, as were field-supported activities in Romania, although POLICY will continue work in Romania under one of its core-funded packages.

Summaries of the country strategies and workplans are contained in the following pages, organized by geographic region. Table A-2 in Appendix A summarizes obligations received by country for FY2000 and FY2001 from field-support funds. In addition, POLICY will carry out regional activities in Africa and Asia, primarily in HIV/AIDS. These activities are summarized in Appendix B.

AFRICA

ETHIOPIA

Strategy	
<p>POLICY Project activities in Ethiopia are directed toward scaling up the national AIDS effort by providing support in policy development and strategic planning to the National AIDS Council (NAC), Regional AIDS Councils (RACs), and key NGOs. POLICY efforts are also directed at strengthening support for FP and RH programs. During Year 1, POLICY staff trained a technical working group that prepared the national HIV/AIDS estimates and projections; supported a national HIV/AIDS advocacy program using the English and Amharic versions of the Third Edition of “AIDS in Ethiopia”; assisted the NAC Secretariat in preparing the Project Implementation Manual, which provides guidelines for planning and financing all national and regional activities under the Ethiopia Multisectoral HIV/AIDS Program; and participated in numerous training programs in policy advocacy and program planning.</p> <p>During Year 2, POLICY will continue to strengthen local capacity by preparing training materials to be used in a broad range of training programs organized by the NAC and key HIV/AIDS NGOs; working collaboratively with other CAs to develop an advocacy program to strengthen support for FP/RH programs; and leading collaborative efforts with other CAs and NGOs to promote better understanding of the crosscutting issues of human rights and gender.</p>	
Staff	
<p>Country Manager: Chuck Pill Local Staff: Ayele Belachew and Eleni Seyoum Consultants: Srish Kumar and Hanna Yirga Other U.S. Staff: Sumi Subramaniam</p>	
Funding (as of June 20, 2001)	
Total obligations to date:	\$350,000
Funds remaining:	\$142,870
Proposed Activities	
<p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Develop Regional AIDS Profiles and advocacy materials for SNNPR and Oromia regions • Develop an advocacy program to strengthen support for FP/RH, including preparation of an FP achievements and challenges presentation, in collaboration with the Family Health Department, MOH, the National Office of Population, and other CAs and FP NGOs <p>IR2. Planning and financing for FP/RH improved</p> <ul style="list-style-type: none"> • Develop a strategy and workplan with a technical group to prepare population and FP projections for Ethiopia as the basis for strategic planning for RH, including the development of a national contraceptive security plan <p>IR3. Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> • Collaborate with the technical group and the MOH to finalize new HIV prevalence projections, based on the expanded 2000 sentinel survey, and prepare a report for dissemination • Conduct assessment of policy barriers to expanding FP/RH services • Conduct assessment of HIV/AIDS Human Rights environment and develop a medium-term framework for the HIV/AIDS and Human Rights Technical Working Group <p>IR4. In-country, regional capacity to provide policy training enhanced</p> <ul style="list-style-type: none"> • Collaborate with the NAC Secretariat in preparing a training manual covering all aspects of HIV/AIDS project planning, project appraisal, and advocacy; provide support for a comprehensive training program at national and regional levels 	

FHA (FAMILY HEALTH AND AIDS)

Strategy	
<p>The goal of POLICY Project assistance in the region is to strengthen political commitment to FP/RH and HIV/AIDS programs in support of the FHA regional strategy. Assistance will focus on generating information critical to policy decision making in FP/RH and HIV/AIDS and expanding the role of parliamentarians, NGOs, and other key groups in these areas. This will be accomplished by assisting the government of Burkina Faso in its role as host country for the next AIDS in Africa Conference (ICASA). POLICY will support awareness raising and policy dialogue with national and district leaders based on the results of the Burkina AIM. POLICY will also collaborate with country counterparts in the region to prepare a regional AIM and relevant materials on the HIV/AIDS situation for such audiences as U.S. Ambassadors and national decision makers. POLICY will provide TA and financing for workshops directed at parliamentarians and NGOs to strengthen their role in implementing the ICPD <i>Programme of Action</i> through legislative change and in taking actions to address HIV/AIDS. Regional partners that are critical for POLICY activities to succeed include FAAPPD (African-Arab Parliamentarian Forum), CERPOD, CAFS, and the Family Health Project (SFPS).</p>	
Staff	
<p>Country Manager: Norine Jewell Local Staff: Justin Tossou Affiliated Staff: Martin Laourou, Allé Diop, and Badara Seye</p>	
Funding (as of June 20, 2001)	
Total obligations to date:	\$350,000
Funds remaining:	\$190,014
Proposed Activities	
<p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Support for meeting of ambassadors on AIDS, including the preparation of a brochure and talking points • Awareness raising and policy dialogue for Burkina Faso (ICASA host country) national and local leaders • Regional AIM application, policy analysis/advocacy TA with country counterparts • Seminars for parliamentarians and NGOs on HIV/AIDS • TA and training to support parliamentarian-NGO coalitions and networks <p>IR2. Planning and financing for FP/RH improved</p> <ul style="list-style-type: none"> • TA on “model” law to implement ICPD with FAAPPD, PGA, CEFA, IPPF • Participatory process on AIDS policy formulation activities initiated in Burkina Faso <p>IR3. Accurate, current, relevant information informs policy decisions</p> <ul style="list-style-type: none"> • Compilation, dissemination of existing regional AIDS information (UNAIDS, UN data), including a regional HIV/AIDS brochure • Regional and Burkina Faso AIM applications <p>IR4. In-country, regional capacity to provide policy training enhanced</p> <ul style="list-style-type: none"> • Joint training/TA with IPPF FAAPPD, CEFA 	

GHANA

Strategy
The goals of POLICY Project assistance in Ghana are to assist the government in implementing the national HIV/AIDS and STI policy and increasing the level of support to FP/RH by national and district decision makers. Project assistance will focus on institution building for the National AIDS Control Program (NACP); on expanding the advocacy efforts of the national population council (NPC), regional population councils (RPACs), and NGOs including faith-based organizations, business groups, and employee associations; and on supporting policy dialogue for newly elected members of the executive and legislative branches. This will be accomplished through technical, material, and financial assistance and training for the NACP and its partner institutions; TA for regional and district advocacy events; and policy dialogue through counterpart organizations, including the Population Impact Project (PIP). POLICY will also help counterparts to maintain and update a database generated by applications of AIM and RAPID and the study of the Economic Impact of HIV/AIDS. POLICY will support the “health summit” plan process of the MOH, which will set the national agenda for the next five years.
Staff
Country Manager: Norine Jewell Local Staff: Benedicta Ababio Consultants: Phyllis Antwi, Steve Kwankye, David Logan, Kate Parkes, and John Nabila
Funding (as of June 20, 2001)
Total obligations to date: \$423,311
Funds remaining: \$285,761
Proposed Activities
<p>SO. Policies and plans promote and sustain access to quality FP/RH services</p> <ul style="list-style-type: none"> • Provide technical input as well as any assistance required by the NACP and MOH to facilitate final approval of the draft version of the HIV/AIDS policy signed by the Minister of Health. The process has been delayed as a result of recent presidential and legislative elections. <p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Sustainable advocacy in FP/RH and HIV/AIDS with NPC, NACP, PIP with civil society, Parliament, and supportive officials <p>IR2. Planning and financing for FP/RH improved</p> <ul style="list-style-type: none"> • AIDS policy implementation • Support MOH in five-year development plan process • Support district decision making and resource allocation <p>IR3. Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> • FP/RH/HIV/AIDS: Information dissemination • HIV/AIDS: Economic impact study with NACP • FP/RH Legal/regulatory and policy analysis for MOH plan process <p>IR4. In-country, regional capacity to provide policy training enhanced</p> <ul style="list-style-type: none"> • Provide follow-up TA for RPACs in policy analysis and advocacy

KENYA

Strategy	
In response to urgent challenges in the FP/RH and HIV/AIDS sectors, POLICY's program in Kenya is designed to be comprehensive and integrated in addressing three priority areas of FP/RH, HIV/AIDS, and health sector finance. In particular, POLICY's strategic priorities are to strengthen MOH's capacity to (1) increase health sector revenue recovery (under Kenya's health sector reform and cost-sharing program) and remove key operational policy barriers to efficiency, effectiveness, and equity in health service delivery; (2) strengthen and improve FP/RH information, advocacy, planning, and services; and (3) strengthen advocacy, build capacity, and improve effectiveness of HIV/AIDS prevention, care, and mitigation initiatives of government and NGO stakeholders.	
Staff	
Country Manager: Jim Kocher Local Staff: Angeline T. Siparo, Wasunna Owino, Julie Odhiambo, Alice Wanjuu, Consultants: Leah Wanjama, Colette Obungo, Sopiato Likimani, Karen Allen, Saleh Chebii, and Agnes Amakove, and Margaret Crouch Other U.S. Staff: Mary Scott, John Stover, Shawn Aldridge, and Robert Ssengonzi	
Funding (as of June 20, 2001)	
Total obligations to date:	\$2,600,000
Funds remaining:	\$1,946,651
Proposed Activities	

SO. Policies and plans promote and sustain access to quality FP/RH/AIDS services

- Finalize preparation of the Condom Policy and Strategy for 2001–05
- Develop the Contraceptive Commodities Policy and Strategy for 2001–05
- Develop AIDS home-based care policy guidelines

IR1. Political and popular support broadened and strengthened

- Support advocacy training and capacity building for postabortion care with the National Nurses Association of Kenya (NNAK)
- Provide training and resource materials to build implementation capabilities of Constituency AIDS Control Committees (CACCs)
- Strengthen NGO networks, particularly KANCO, to advocate for HIV/AIDS issues
- Support through KANCO and AMREF a multisectoral approach to HIV/AIDS advocacy capacity building for adolescents, politicians, police, military, local officials, NGOs/CBOs, and religious and other civil society groups
- Assist Parliament in introducing new HIV/AIDS-related legislation

IR2. Planning and financing for FP/RH improved

- Provide training and TA to build technical capacity in the National AIDS Control Committee (NACC), MOH AIDS Control Unit (ACU), and new ACUs to plan/implement HIV/AIDS programs
- Provide TA and training to strengthen national health financing and administrative policies, structures, and systems; improve provincial-level financial performance

IR3. Relevant information informs policy decisions

- Provide TA to the National Council on Population and Development (NCPD), NACC, and MOH to produce “Kenya FP Achievements and Challenges Analysis and Presentation”; Briefing Kit for World AIDS Day; 6th edition of *AIDS in Kenya*; and a Kenya HIV/AIDS wallchart
- Provide TA to a donor coordination group for planning/funding of the 2003 KDHS
- Generate cost and cost-effectiveness data for the National HIV/AIDS Strategic Plan
- Provide training/TA to NACC and MOH ACU to improve HIV/AIDS sentinel surveillance data collection, data quality, analysis, interpretation, and dissemination of results
- Provide TA to facilitate, convene, and coordinate NACC Task Force on Gender and HIV
- Conduct survey and produce report on the HIV/AIDS Policy/Program Index for 2002

IR4. In country/regional capacity to provide policy training enhanced

- Provide TA to important policy processes in HIV/AIDS, FP/RH, and finance
- Update advocacy training skills of KANCO staff and network members
- Improve FP/RH skills by supporting training of Kenyans at the Regional Centre for Quality of Health Care in Uganda

MALAWI

Strategy
POLICY received its first Malawi field support funding in March 2001, near the end of Year 1. POLICY conducted a trip to Malawi in April to meet with stakeholders to draft a workplan. The Mission is reviewing the POLICY workplan, while it finalizes its own new Strategic Objectives Agreement. The POLICY workplan should be finalized in August/September. Although the workplan is in draft, POLICY will focus on several key areas: (1) improve the policy environment through support of the development, dissemination, and implementation of national policies on HIV/AIDS and sexual and reproductive health (SRH); (2) broaden the involvement of elected leaders, NGOs, civil society groups, and the private sector in HIV/AIDS/RH activities; and (3) build capacity of the National AIDS Secretariat (NAS) to lead and coordinate the national multisectoral response to HIV/AIDS.
Staff
Country Manager: Shawn Aldridge Local Staff: TBD Other U.S. Staff: John Stover, Robert Hollister, Sharon Kirmeyer, Mary Scott, and Sue Richiedei
Funding (as of June 20, 2001)
Total obligations to date: \$900,000 Funds remaining: \$862,235
Proposed Activities
<p>SO. Policies and plans promote and sustain access to quality FP/RH services</p> <ul style="list-style-type: none"> • Provide support to the NAS and key stakeholders to develop, disseminate, and implement a national HIV/AIDS policy • Provide support to the MOHP Reproductive Health Unit (RHU) and key stakeholders, leading to finalization and approval of a national SRH policy and program <p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Work with key stakeholders in the development and implementation of an advocacy strategy to build support for HIV/AIDS policies and programs among elected leaders, civil society groups, religious organizations, private sector, and others <p>IR2. Planning and financing for FP/RH improved</p> <ul style="list-style-type: none"> • Provide TA to key ministries to develop and implement sector-specific HIV/AIDS policies and interventions • Provide capacity-building support to target districts to better plan and implement HIV/AIDS activities • Develop NAS capacity to provide TA to ministries, districts, NGOs, and other organizations in HIV/AIDS planning and implementation <p>IR3. Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> • Assist the NAS in collaboration with CDC, U.S. Census Bureau, and ORG Macro with the 2001 update national HIV/AIDS prevalence estimates and projections for use in policy and program advocacy and planning • Assist the RHU in conducting FamPlan projections to provide data for advocacy and implementation of the national SRH program and policy

MALI

Strategy
<p>USAID/Bamako has requested POLICY assistance to carry out the Mission's HIV/AIDS Strategy (October 2000) and to support MOH's nutrition program. POLICY will help to achieve two national objectives: fostering an enabling environment for a multisectoral response to HIV/AIDS and strengthening the capability of the national HIV/AIDS program (PNLS) to provide leadership and direction through heightened awareness at all levels regarding the impact of HIV/AIDS, formulation of a coherent national HIV/AIDS policy, generation of accurate, timely information, and the active participation of civil society. POLICY will focus on information generation and analysis, advocacy and policy dialogue, and institutional strengthening of the PNLS. The first two activities will be carried out in collaboration with PNLS and its related advisory bodies as one means of strengthening the PNLS institutional capability. POLICY will also carry out activities in close partnership with NGOs and other key stakeholders to promote a sustainable advocacy presence and a participatory policymaking process for HIV/AIDS.</p> <p>At present, there is no direction or leadership from the government in the area of nutrition. In the absence of a strong program in nutrition, maternal health will not improve. Thus, POLICY has been asked to support two MOH offices: the nutrition unit (Division du Suivi de la Situation Alimentaire et de la Nutrition, DSAN) located within the MOH planning office (CPS), and the newly established Nutrition Division (DN) of the MOH health services department. These offices have been recently established and have no policies or programs in place to implement the government's five-year and 10-year strategies for improving the nutritional status of the population. POLICY will help to strengthen the capacity of these organizations to implement their respective roles in planning, organization, management, and advocacy by focusing on nutrition advocacy using PROFILES and TA in strategic planning.</p>
Staff
<p>Country Manager: Norine Jewell Local Staff and Consultants: Fanta Macalou Affiliated Staff: Martin Laourou and Allé Diop</p>
Funding (as of June 20, 2001)
<p>Total obligations to date: \$300,000 Funds remaining: \$274,518</p>
Proposed Activities
<p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • <i>HIV/AIDS advocacy</i>: use of AIM to develop relevant messages, produce materials; support public and private sector counterparts to present information to a broad range of stakeholders • <i>Nutrition advocacy</i>: support CPS and DSAN to evaluate a pilot test of PROFILES dissemination, finalize dissemination plan containing measurable objectives and target audiences, implement TOT in advocacy, update PROFILES, implement dissemination plan <p>IR2. Planning and financing for FP/RH improved</p> <ul style="list-style-type: none"> • <i>Institutional strengthening in HIV/AIDS</i>: analysis and use of information generated by AIM in policy analysis and dialogue, TA to PNLS, Specialized Theme Committees (CTS), and Points Focaux (PF) in strategic planning; development of participatory policy process for policy formulation; development of two regional PNLS • <i>Institutional strengthening in nutrition</i>: support DSAN with TA in strategic planning <p>IR3. Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> • <i>AIM application</i>: information collection, agreement on data to be used, application of model, analysis of implications for policy and programs • <i>PROFILES update</i>: integration of 2001 DHS into model, analysis, modification of presentation, dissemination <p>IR4. In-country, regional capacity to provide policy training enhanced</p>

- Training and TA for public and private sector in presentations, advocacy

MOZAMBIQUE

Strategy	
<p>During Year 1, POLICY activities in Mozambique focused on strengthening local capacity to analyze and disseminate HIV sentinel surveillance data and HIV/AIDS projections derived from POLICY's AIM application and to provide policy training on the use of relevant, accurate, up-to-date information in policy development. The intersectoral technical group, which produced the Mozambique AIM application and publication, was expanded and strengthened by adding members from the original organizations as well as from new ministries and the National AIDS Council (NAC). POLICY LTA Henriqueta Tojais now serves on the NAC "Operations Room" team.</p> <p>During Year 2, POLICY will continue to work on strengthening local capacity (IR4) and using new surveillance data and HIV/AIDS projections for program decision making (IR3). As the technical group gains experience, exposure, and confidence, it will look for ways to insert itself into strategic planning for sectoral programmatic responses—both government and private sector—on HIV prevention and AIDS mitigation (IR2).</p>	
Staff	
<p>Country Manager: Karen Foreit Local Staff: Henriqueta Tojais</p>	
Funding (as of June 20, 2001)	
Total obligations to date:	\$500,000
Funds remaining:	\$382,404
Proposed Activities	
<p>IR2. Planning and financing for FP/RH improved</p> <ul style="list-style-type: none"> Develop a strategy and workplan with the technical group to assist government and non-government sectors in using official projections for program planning and resource allocation <p>IR3. Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> Collaborate with the technical group, CDC, and MOH to finalize new HIV prevalence projections based on the expanded 2000 Sentinel Survey Provide TA to revise the AIM applications and update the statistical compendium and advocacy presentations Provide TA to the technical group to hold consensus meetings on the new prevalence projections, AIM applications, and publications. This will culminate in official approval of the projections, as evidenced by signatures on the new statistical publication Develop a dissemination strategy with the technical group to promulgate the new projections Continue participation in planning and implementation meetings of the NAC, as requested by USAID/Maputo and the NAC <p>IR4. In-country/regional capacity to provide policy training enhanced</p> <ul style="list-style-type: none"> Strengthen the intersectoral technical group with refresher training in AIM, AIDSProj, and the new UNAIDS HIV projection model when it becomes available Assist the technical group and the Faculty of Medicine at the Eduardo Mondlane University to incorporate AIM materials into existing curricula and develop a student internship with the technical group research assistants for the technical group Finalize arrangements begun in Year 1 to provide the technical group with an institutional "home" to ensure its continuity and promote its visibility 	

NIGERIA

Strategy
<p>Year 1 activities in Nigeria supported work in HIV/AIDS and FP/RH. POLICY provided TA to the National Action Committee on AIDS (NACA) in the development of the HIV/AIDS Emergency Action Plan (HEAP) and to the military for advocacy and policy activities as well as a KAP study. In FP/RH activities focused on updating the RAPID presentation and revising the population policy.</p> <p>Year 2 activities will continue those started in Year 1. TA and training will be provided to NACA in establishing the institutional base for the HEAP and on policy development as well as with the military to complete the KAP study and begin advocacy on its basis. In the FP/RH area, POLICY will assist the Federal Ministry of Health (FMOH) to complete the revised population policy, complete the RAPID presentation, and conduct a series of state-level population policy workshops using the Nigeria DHS data.</p>
Staff
<p>Country Manager: Scott Moreland Local Staff: Jerome Mafeni (Country Representative), Charity Ibeawuchi, Tessy Effa, Magdalene Okolo, and Reginald Chima Consultants: Alfred Adewuyi and Sylvia Adebago U.S.-based Staff: Christine Fowler</p>
Funding (as of June 20, 2001)
<p>Total obligations to date: \$2,193,000 Funds remaining: \$1,121,081</p>
Proposed Activities
<p>SO. Policies and plans promote and sustain access to quality FP/RH services</p> <ul style="list-style-type: none"> • TA to NACA for HIV/AIDS policy review and development • TA to the FMOH for National Population Policy revision <p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • TA to a national PLWA network for awareness raising and sensitization on human rights issues of PLWAs • TA to a journalist NGO for awareness raising for HIV/AIDS in the media • NGO networking in both FP/RH and HIV/AIDS • TA to the FMOH for advocacy for FP/RH <p>IR2. Planning and financing for FP/RH improved</p> <ul style="list-style-type: none"> • Development of a state-level strategic plan for adolescent RH • Development of a National AIDS Orphans Strategy • TA to state and local-level action committees for adolescent HIV/AIDS <p>IR3. Accurate, up-to-date, and relevant information informs policy decisions</p> <ul style="list-style-type: none"> • TA to the FMOH and NPC to develop and disseminate RAPID model • TA and support for a National Research Network for HIV/AIDS • TA and support for a baseline KAP study in the Military • Dissemination of FP/RH data and information • TA and support for AIDS impact studies in education and the private commercial sector • TA to the FMOH to finalize the AIM presentation and its dissemination

REDSO/ESA

Strategy	
<p>The Commonwealth Regional Health Community Health Secretariat (CRHCS) is one of REDSO's principal African partners to enhance the policy environment through improved policy dialogue. Key technical areas include HIV/AIDS, maternal and child health and nutrition, RH, infectious disease, nutrition and food security, and health financing and reform. POLICY's strategy is to strengthen CHRCs capabilities by providing TA for the development of a Regional HIV/AIDS and Resource Mobilization Plan for the 14 member states; standardizing CRHCS senior staff skills in policy analysis, policy formulation and policy dialogue relative to the aforementioned health issues; enhancing CRHCS senior staff skills to orient high-level regional spokespersons to advocate for the HIV/AIDS Regional Strategy and resource solicitations from donor agencies and at selected forums; and strengthening CHRCs' production and dissemination of policy briefs and statements throughout countries of the region, which advocate for policies, plans, interventions, and resources to improve maternal and child health, nutrition and food security, infectious disease interventions, and health financing and reform.</p>	
Staff	
<p>Country Manager: Joseph Deering Consultants: David Logan, Leah Wanjama, and Natalia Nizova Affiliated Staff: Bill McGreevey, Steven Forsythe, Anne Jorgensen, and Jim Kocher</p>	
Funding (as of June 20, 2001)	
Total obligations to date:	\$530,000
Funds remaining:	\$488,673
Proposed Activities	
<p>IR1. Political and popular support for RH and HIV/AIDS broadened and strengthened</p> <ul style="list-style-type: none"> Through a series of conferences and seminars led by CRHCS senior staff with POLICY TA, strengthen support of ministers and permanent/principal secretaries and directors, deans and heads of research institutions, MOH leadership, and executives for reforms in governance, policy, and advocacy in the health sector <p>IR2. Planning and financing for FP/RH improved</p> <ul style="list-style-type: none"> Provide TA, information, and data from international sources, and other support for the development, revision, adoption, dissemination, and presentation to donors of a Regional HIV/AIDS Strategy and Resource Mobilization Plan, representing 14 member states Assist CRHCS through a series of workshops to define and enunciate a standardized strategy for developing systems and capacity at lower levels in support of health financing and reform and decentralization of government functions <p>IR3. Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> Develop with CRHCS a set of up to six policy and advocacy briefs in relation to nutrition and food security policies and interventions and train relevant CRHCS staff with member state counterparts in advocacy skills and dissemination of these briefs <p>IR4. In-country/regional capacity to provide policy training enhanced</p> <ul style="list-style-type: none"> Standardize advocacy skills of senior CRHSC staff through training focused on Regional HIV/AIDS Strategy and Resource Mobilization Plan in order that they train national teams in turn Develop skills of CRHCS staff in identification of data needs, data collection, analysis and application/utilization in support of policy development and dialogue for key activities, including use of tools and appropriate models of the SPECTRUM series, such as AIM 	

SAHEL (CERPOD)

Strategy
<p>There is no indication of continuing field support for this project; however, some funds remain for selected activities within the overall strategy of increasing political and popular support for RH and HIV/AIDS.</p> <p>A significant outcome of the October 1997 Ouagadougou Conference, which produced the Ouagadougou Plan of Action (OPA) to implement ICPD in the Sahel, was the emergence of regional and national networks among NGOs, parliamentarians, and journalists to advocate for and monitor implementation of the OPA commitments. The NGOs participating in the 1997 Ouagadougou Conference used the opportunity to organize a regional NGO network. For the past two years, POLICY and CERPOD have provided TA and financial aid for annual NGO regional network meetings to share information and consolidate their structure with leadership rotating among countries. During the remainder of the CERPOD Project, the regional network secretariat, CERPOD, and POLICY will provide TA and a third round of small grants to support local network activities in favor of the OPA.</p> <p>POLICY and CERPOD also supported the formation of a network of parliamentarians. The network was launched during a four-day meeting in April 1999. TA missions were carried out by CERPOD and POLICY to help formalize networks within the legislative branch of each member country, and a second network conference was organized the following year to further the network organizational structure. During the remainder of the CERPOD Project, POLICY will provide TA to strengthen in-country networks in one or two additional countries. In early 2001, the Sahelian Journalist Network on Population was launched. The network is committed to knowledgeable, effective media coverage of critical population and RH issues including HIV/AIDS, and some TA will be provided to strengthen the network during the remainder of the CERPOD Project. POLICY will also work with CERPOD to develop a regional AIM brochure in cooperation with the national AIDS programs of several of the member countries.</p>
Staff
<p>Country Manager: Norine Jewell Local Staff: Allé Diop Consultants: Badara Seye</p>
Funding (as of June 20, 2001)
<p>Total obligations to date: \$125,000 Funds remaining: \$81,941</p>
Proposed Activities
<p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Minigrants to nine country NGO networks • TA visit to 1–2 countries to support parliamentary networks • TA visit to journalist network meeting

SOUTH AFRICA

Strategy
<p>The POLICY Project will support USAID/Pretoria's IR 3.2.5, <i>Improved enabling environment for HIV/AIDS, STD, and TB programs and services</i>, by building and strengthening the capacity of organizations and institutions across all sectors to design, implement, and evaluate comprehensive HIV/AIDS prevention, care, and support programs and policies. There are a number of policy barriers that constrain a more effective response to the AIDS epidemic: Chief among these is the weakened multisectoral institutional and personal capacity to adequately respond to the challenges of the epidemic. POLICY in South Africa addresses this constraint by increasing and strengthening the HIV/AIDS capacity of a multisectoral group of role-players as identified by the South African National AIDS Council (SANAC). This will include increasing their awareness of HIV/AIDS issues (along the continuum of care); building their capacity for advocacy, planning, and evaluation; strengthening collaboration between governmental and nongovernmental sectors, and increasing the information base about the epidemic in order to strengthen the policy process. Special emphasis will be given to gender, gender-based violence, addressing HIV/AIDS discrimination and stigmatization, and involving people living with HIV/AIDS in all of POLICY's activities.</p>
Staff
<p>Country Manager: Nikki Schaay Local Staff: Sylvia Abrahams, Melanie Judge, Caroline Wills, Anna van Esch, Rene Peterson, Solly Rasego, and Olympia Vumisa Department of Public Service & Administration (DPSA): Gift Buthelezi, Leslie du Toit, and Cornelia Theron Consultants: Saadiq Kariem, Rose Smart, Norman Letebele, Abigail Dreyer, Musa Njoko, Mary Murphy, Karena du Plessis, Busi Makhanya, and Motang Ramogotsi U.S.-based Staff: John Stover and Lori Bollinger</p>
Funding (as of June 20, 2001)
<p>Total obligations to date: \$2,400,000 Funds remaining: \$1,711,770</p>
Proposed Activities
<p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Provide training on HIV/AIDS advocacy and workplace policy and program development to key stakeholders both within government and in selected civil sector institutions, such as HIV/AIDS/STD Chief Directorate and the national departments of Education and Local Government, the University of Western Cape • Provide TA and support to a small grants program to NGOs (working outside of the health sector) and for those training home-based and community care givers • Involve PLWA as participants and facilitators in the above training and policymaking sessions <p>IR2. Planning and financing for FP/RH improved</p> <ul style="list-style-type: none"> • Provide TA in strategic HIV/AIDS planning, monitoring, and evaluation to key stakeholders (e.g., corporate sector, faith-based institutions, Civil Military Alliance, and the HIV/AIDS Directorate) <p>IR3. Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> • Support research on the economic and social impact of HIV/AIDS (within the DSPA and the HIV/AIDS Directorate and Health Economics Directorate of the Department of Health) <p>IR4. In-country, regional capacity to provide policy training enhanced</p> <ul style="list-style-type: none"> • Support development of a postgraduate, HIV/AIDS management course at the University of MEDUNSA/Stellenbosch • Implement a local government master training program and develop a gender-based violence training program for primary school teachers

TANZANIA

Strategy	
<p>The goal of POLICY Project assistance in Tanzania is to improve the policy environment for HIV/AIDS and reproductive and child health (RCH). Objectives include building and strengthening the capacity of government and civil society organizations and institutions across all sectors to advocate for policy change within and outside their organizations to improve the design, implementation, and evaluation of HIV/AIDS prevention, care, and support programs and policies.</p> <p>Project assistance focuses on improving multisectoral capacity and involvement in the country's national HIV/AIDS and STD program. Activities are being accomplished by assisting different stakeholders to develop and implement effective advocacy strategies for HIV/AIDS; strengthening collaboration between the governmental and nongovernmental sectors; encouraging effective planning for HIV/AIDS programs; and increasing the information used for policy and program development.</p>	
Staff	
<p>Country Manager: Charles Pill Consultants: Adeline Kimambo, Leah Wanjama, Maria Tungaraza, Phare Mujinja, and B.J. Humplick U.S.-based Staff: Lane Porter</p>	
Funding (as of June 20, 2001)	
Total obligations to date:	\$940,158
Funds remaining:	\$604,441
Proposed Activities	
<p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Advocacy training and strategy development workshop with key HIV/AIDS advocates (civil society and Parliament) • Support to Ministry of Justice and Constitutional Affairs to prioritize and develop HIV/AIDS activities • Support to Parliament HIV/AIDS Task Force development and awareness-raising activities • Support to National Islamic Council HIV/AIDS in policy development • Support to Anglican Church of Tanzania for HIV/AIDS coordinator and awareness-raising and advocacy activities <p>IR2. Planning and financing for FP/RH improved</p> <ul style="list-style-type: none"> • Assistance with preparation and adoption of national HIV/AIDS policy • Assistance and support for review and revision of law affecting HIV/AIDS infected and affected <p>IR3. Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> • HIV/AIDS data collection, review, and dissemination to support awareness-raising and advocacy work • HIV/AIDS legal analysis and summary report • HIV/AIDS/RCH policy process and environment assessment 	

UGANDA

Strategy
The goal of POLICY Project assistance in Uganda is to strengthen the commitment of national and district leadership to population and FP/RH issues as a means of achieving national development goals as described in the government's Poverty Alleviation and Vision 2025 documents. Assistance will be directed at supporting the Population Secretariat, NGOs, District Population Officers, and other key stakeholders including parliamentarians to plan and implement a sustained advocacy effort on FP/RH. Interventions will include training and TA to develop district capacity in policy analysis and advocacy; training, TA and small grants to strengthen the role of NGOs in policymaking and advocacy and to consolidate networks at national and local levels; support for key stakeholders, such as parliamentarians, to actively participate in advocacy and policy formulation; and TA in strategic planning to implement policies and plans. POLICY will transfer equipment and skills to support the application of the RAPID model, development of presentations, and dissemination of RAPID results.
Staff
Country Manager: Norine Jewell Consultants: John Kabera and Leah Wanjama U.S.-based Staff: Tom Goliber and Danielle Grant-Krahe
Funding (as of June 20, 2001)
Total obligations to date: \$480,000 Funds remaining: \$238,458
Proposed Activities
<p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> Central NGO Network: facilitate consolidation of a national NGO network and provide training, TA, and financing to strengthen the network's capability to advocate and participate in policy Advocacy: initiate dissemination of the national presentation through NGOs and other key stakeholders in the context of the Population Secretariat's advocacy strategy to ensure a cohesive and sustainable advocacy effort Parliamentarians: support a network of parliamentarians focused on population/RH, with advocacy training and TA in legal-regulatory analysis <p>IR2. Planning and financing for FP/RH improved</p> <ul style="list-style-type: none"> Concentrate on a few districts to begin addressing the need for skills and tools in policy analysis and strategic planning for district government officials, DPOs, and NGOs <p>IR3. Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> National Population/RH Presentation: support the Population Secretariat in developing and implementing a plan for population/RH presentation, based on a RAPID application with input from key stakeholders at central and district levels <p>IR4. In-country, regional capacity to provide policy training enhanced</p> <ul style="list-style-type: none"> Develop and initiate a two-pronged plan for district-level capacity building in FP/RH; work with DPOs and NGOs in a selected number of districts to provide advocacy training and adaptation of the dissemination plan to their communities

ZAMBIA

Strategy	
<p>Zambia is the heart of the African AIDS belt. Adult HIV-prevalence is estimated in the 19–20 percent range, and USAID has designated Zambia as one of its intensive action countries in Africa. At the same time, health sector decentralization means that much of the continued response to the epidemic will be determined at district and community levels.</p> <p>The project workplan is still being formulated, but the current vision is that the POLICY strategy will have two basic components. The first objective is to enhance advocacy, community mobilization, and planning skills at district level. POLICY will hire a Zambian national to lead this effort. The project will adopt a training strategy and will start with regional TOT workshops. Government officials, as well as civil society and faith-based representatives and other interested parties, will participate in these workshops and will then follow-up with district sessions.</p> <p>POLICY will also continue its HIV/AIDS human rights work in Zambia. In particular, it will continue to sponsor advertising campaigns so that HIV+ individuals are aware of their rights and know how to seek redress if those rights are violated.</p>	
Staff	
Country Manager: Tom Goliber	
Local Staff: Robie Siamziwa	
Funding (as of June 20, 2001)	
Total obligations to date:	\$205,000
Funds remaining:	\$175,788
Proposed Activities	
<p>IR2. Planning and financing for FP/RH/AIDS improved</p> <ul style="list-style-type: none"> TOT community mobilization workshops will contribute to improved district planning <p>IR3. Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> TOT advocacy and community mobilization workshops at the regional level will use information from AIM and other sources to help inform regional and district policy decisions HIV/AIDS human rights media campaigns will contribute to key information base <p>IR4. In-country, regional capacity to provide policy training enhanced</p> <ul style="list-style-type: none"> TOT advocacy and community mobilization workshops at the regional level will provide trainees with the capability to provide similar policy training at the district level 	

ASIA AND THE NEAR EAST

BANGLADESH

Strategy
The goal of POLICY assistance in Bangladesh is to improve the policy environment for FP/RH programs. Assistance will focus on formulating and improving policies and plans that promote and sustain access to effective health service delivery among the needy. Toward this end, POLICY works to ensure that NGO and community involvement is broad-based for better services covering a larger clientele; builds consensus to increase resources for FP/RH programs; improves the ability of government planners and NGO managers to conduct rational and effective planning; and assists in the generation of accurate and timely information for meeting program requirements.
Staff
Country Director: Syed Shamim Ahsan Local Staff and Consultants: Selina Ahmed, Syeda Farzana Ahmed, M. A. Borhan, and M. Yasser Noor
Funding (as of June 20, 2001)
Total obligations to date: \$750,000 Funds remaining: \$519,547
Proposed Activities
<p>SO. Policies and plans promote and sustain access to quality FP/RH services</p> <ul style="list-style-type: none"> • Preparation of the National Population Policy • Promotion of NGOs roles in providing ESP (Essential Services Package) services • Revision of commodity regulations <p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Privatization of behavioral change communication (BCC) activities <p>IR2. Planning and financing for FP/RH improved</p> <ul style="list-style-type: none"> • Media resources for NIPHP • Use of ESP model for national and district planning and budgeting <p>IR3. Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> • Contraceptive security package • Facilitation of an integrated logistics management system • Assistance to help establish a research project on the use of Vitamin A for mothers <p>IR4. In-country/regional capacity to provide training improved</p> <ul style="list-style-type: none"> • Training USAID CAs in the use of the ESP model • Facilitation of HPSP training strategy

CAMBODIA

Strategy
USAID/Phnom Penh is in the process of revising its strategic framework. It is expected, however, that specific HIV/AIDS results will be a major feature of the new Mission strategy, since Cambodia is a USAID “expanded response” country. Because of the largely fragmented multisectoral response in Cambodia, the POLICY Project will assist USAID/Phnom Penh and its local partners—especially the National AIDS Authority (NAA)—in support of the multisectoral approach with the aim of mitigating the HIV/AIDS epidemic in the country. POLICY assistance will contribute to an improved enabling environment for HIV/AIDS, STD, and TB programs and services. It will include activities to strengthen plans and programs for HIV/AIDS and TB within select ministries and in the nongovernmental sector. The POLICY Project will primarily support USAID/Phnom Penh through its SO, <i>Strengthened participation of non-health ministries and civil society to support the HIV/AIDS multisectoral response.</i>
Staff
Country Manager: Kevin Osborne (Acting) Local Staff and Consultants: Felicity Young U.S.-based Staff: Harry Cross, Nicole Judice, and Jeff Sine
Funding (as of June 20, 2001)
Total obligations to date: \$600,000 Funds remaining: \$565,000
Proposed Activities
<p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • HIV/AIDS advocacy training to foster the development of a national PWA association • Build organizational and operational management skills in PWA groups • HIV/AIDS strategic planning, advocacy, and policymaking skills for key stakeholders in the NAA (i.e., Department of Women’s Affairs, Ministry of Defense, Ministry of the Interior, Ministry of Cult and Religion, and Ministry of Health) • Build generic advocacy skills for key civil society stakeholders and partners • Small grants program to provincial faith-based community groups in Cambodia that will focus on the following areas: advocacy role of faith-based leaders and human rights <p>IR2. Planning and financing for FP/RH improved</p> <ul style="list-style-type: none"> • Promote coordinating mechanisms through ministries and other international donors • Develop a strategic plan around HIV/AIDS care for the Ministry of Defense • Integrate gender, OVC, and workplace issues into the national HIV/AIDS policy and ministries’ strategic plans • Enhance organizational development and managerial skills of key civil society organizations • Strengthen linkages to NAA functions and strategic plans <p>IR3. Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> • New information based on studies of the economic impacts of HIV/AIDS and RH on garment workers • Socioeconomic impact study on HIV/AIDS and RH on the military family in Cambodia • Analysis of media response to the HIV/AIDS epidemic <p>IR4. In-country, regional capacity to provide policy training enhanced</p> <ul style="list-style-type: none"> • Develop faith-based training module on the interface between PWAs; leaders of faith and stigma reduction • Build capacity of local staff to guide POLICY activities in-country

EGYPT

Strategy
To achieve USAID/Cairo's SO in population and FP, <i>Reduced fertility</i> , the Mission is working to increase coverage and quality of FP services offered by the Egyptian FP program and to improve the program's institutional and financial sustainability. POLICY will assist in achieving this goal by providing technical and financial support to Egyptian institutions in developing and presenting FP/RH policy analyses; developing FP/RH financial analyses and presentations to ensure systematic policy attention to sustainability issues; engaging in policy dialogue with influential government policymakers and institutions; and helping strengthen NGOs' ability to engage in constructive policy dialogue and advocacy.
Staff
Country Director: Mona Khalifa Local Staff and Consultants: Manal El-Eiki, Fatma Geel, Salah Abdel-Atty, Hesahm Abdalla, Mohamed El Gosi, Nadia Hassan, and Engy Boles
Funding (as of June 20, 2001)
Total obligations to date: \$665,975
Fund remaining: \$243,543
Proposed Activities
<p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Training Al-Azhar University female students as advocates for FP/RH • Standardize messages by audiovisuals for RH topics among three ministries • NGO youth and male outreach working together to increase demand for RH services • Follow up on the activities of the Aswan Coalition (NGO coalition formed by POLICY) <p>IR2. Planning and financing for FP/RH improved</p> <ul style="list-style-type: none"> • Review operational policies for three Family Planning Association clinics, and assist clinics to improve operations to increase use. • Work with MOHP to develop a formal Sustainability Plan • In conjunction with MOHP and NGOs, prepare a plan to improve coverage of services in Suez governorate • Assist MOHP in strengthening the project-monitoring unit within the population sector <p>IR3. Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> • Update the RAPID model • Help MOHP to create an information base for sustainability decisions <p>IR4: In-country/regional capacity to provide policy training enhanced</p> <ul style="list-style-type: none"> • Prepare a training manual on policy analysis and strategic planning (as part of IR4)

INDIA

Strategy
<p>USAID population assistance is currently confined to the state of Uttar Pradesh (UP), which has the highest fertility and infant mortality rates. UP also exhibits low use of modern contraceptive methods and a low proportion of pregnant women receiving antenatal care and assistance at the time of delivery by trained providers. POLICY's work will help the Mission achieve its IR4 indicators for the Innovations in Family Planning Services (IFPS) Project.</p> <p>POLICY will be working on decentralized action plans, monitoring of IFPS Project performance, and review of project strategies. For formulating decentralized district action plans, POLICY will work in collaboration with other CAs, such as CEDPA, PRIME-INTRAH, EngenderHealth, CMS-TFGI, and JHU-PCS. POLICY will also provide assistance to the UP government on implementation of state population policy.</p>
Staff
<p>Country Director: Gadde Narayana</p> <p>Local Staff: Naveen Sangwan, P.N.Rajna, K.M.Sathyanarayana, J.S. Deepak, Ashok Singh, Alla Vaz, and Mitali Deka</p>
Funding (as of June 20, 2001)
<p>Total obligations to date: \$1,250,000</p> <p>Funds remaining: \$900,735</p>
Proposed Activities
<p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Prepare online presentations and review reports on the UP FP/RH program and involve policy champions in the review process • Identify NGOs in district action plan (DAP) districts and involve them in the formulation of district-specific strategies and help SIFPSA fund innovative NGO projects <p>IR2. Planning and financing for FP/RH improved</p> <ul style="list-style-type: none"> • Conduct baseline surveys, analyze data, prepare online presentations for workshops and formulate DAPs in 10 districts involving all stakeholders from private and public sectors • Prepare operational plans for each of the 10 districts to ensure timely implementation of approved DAPs • Develop new strategies to improve IFPS Project performance in conjunction with USAID/SIFPSA <p>IR3. Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> • Analyze all secondary data and input-based information to review effectiveness of IFPS Project strategies and prepare background papers and online presentations for policymakers • Conduct household survey (with sample of 10,000) to track IFPS Project performance on USAID's IR4 indicators and present the findings to the Mission and CAs <p>IR4. In-country/regional capacity to provide policy training enhanced</p> <ul style="list-style-type: none"> • Use findings of several operational policy studies for the management development programs (MDPs) of medical officers • Develop MDP material in collaboration with local institutions

JORDAN

Strategy
The POLICY Project in Jordan is designed to assist in removing many of the barriers that impede the use of FP and other RH services by (1) strengthening political and popular support and (2) improving the policies and plans of the FP/RH program. POLICY will focus on improving the policy environment for FP/RH activities in Jordan by increasing political support for favorable FP/RH policies; working with local institutions to identify barriers to improved FP/RH access/service and to advocate for policies to remove such barriers; developing recommendations to improve the financing of FP/RH programs; improving the planning capacity of institutions engaged in the FP/RH program; increasing the participation of Jordanian women in the political process; and helping strengthen NGOs in their ability to engage in constructive policy dialogue and advocacy.
Staff
Country Manager: Ed Abel Local Staff: Issa Almasarweh and Basma Ishaqat U.S.-based Staff: Susan Richiede, John Stover, William Emmet, and Anne Jorgenson
Funding (as of June 20, 2001)
Total obligations to date: \$950,000
Funds remaining: \$654,674
Proposed Activities
<p>SO. Policies and plans promote and sustain access to quality FP/RH services</p> <ul style="list-style-type: none"> Assist with the development and production of the Reproductive Health Action Plan (RHAP) in support of Jordan National Population Strategy (NPS) <p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> Continue efforts to build and support the women's health advocacy network Advocate to eliminate operational policy barriers to increased/improved service delivery Work with NPC and CMS to expand advocacy efforts <p>IR 2. Planning and financing for RH improved</p> <ul style="list-style-type: none"> Advocate for expanded role of nurses and midwives in FP services and counseling Conduct OST for MOH Ob/Gyns to Turkey to observe IUDs service program by midwives Train the NPC in the use of system-to-monitor NPS indicators Work with CMS to advocate for FP coverage in health insurance and self-insured benefit package; advocate for FP/RH items in the national budget Disseminate cost-benefit analysis and JAFPP cost-recovery report Identify ways to reduce FP/RH costs and train counterparts in costing FP/RH <p>IR3. Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> Incorporate new RH information into next 2001 JAFS and 2002 DHS Conduct surveys of 'educationists' views on adolescents and youth RH issues and new parliamentarians' views on population and development Conduct assessment of the enforcement of the National Breastfeeding Policy Analyze Household Expenditures and Utilization Survey to identify FP/RH expenditure and use Evaluate FP coverage in Fridays' Preach, delivered by religious preachers/leaders Evaluate the use and elements of and barriers to existing MOH premarital exam program Assist PBWRC in developing strategy indicators database <p>IR4: In-country/regional capacity to provide policy training enhanced</p> <ul style="list-style-type: none"> Promote the inclusion of population and FP/RH courses within various government and NGO institutions and initiate efforts to institutionalize policy training Increase capability of PBWRC to manage and conduct action-oriented policy research

PHILIPPINES

Strategy
<p>In a context of decentralized governance, POLICY technical and financial assistance will address key population policy issues and concerns through a two-pronged strategy of national and local-level advocacy for contraceptive self-reliance. Policy advocacy pertaining to sustained access to quality FP/RH service issues will be more intensively pursued at the local level. A critical strategy is civil society mobilization geared toward coalition building and networking among community-based people's organizations that will advocate for policy reforms for increased domestic resources for FP/RH through participatory policy formulation processes.</p> <p>Given a climate of lukewarm support for FP/RH at the national level, policy advocacy will focus on enhancing a strong private-public sector partnership in meeting the FP/RH needs of all Filipinos who seek them. Crucial to achieving this is a three-tier strategy: (1) effective NGO participation in the provision of affordable quality FP/RH services; (2) increased involvement of the private health maintenance organizations in providing affordable quality FP/RH services; and (3) increased access to quality FP/RH services by the poorest of the poor through government social health insurance programs.</p>
Staff
<p>Country Director: Aurora E. Perez Deputy Country Director: Ester C. Isberto Local staff: Vilma Aquino, Virna Balboa, Annabella Fernandez, Suzette Paraiso, Sheila Rejano, and Juanito Soriano Consultants: Bienvenido Alano, Elizabeth Go, Felipe Miranda, and Marius Diaz U.S.-based Staff: Imelda Z. Feranil</p>
Funding (as of June 20, 2001)
<p>Total obligations to date: \$500,000 Funds remaining: \$255,291</p>
Proposed Activities
<p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> Identify policy champions; civil society mobilization and networking for the National Population Act and advocate for health services operational policy reforms, including HIV/AIDS, at national and local levels <p>IR2. Planning and financing for FP/RH improved</p> <ul style="list-style-type: none"> Provide technical and financial assistance in the implementation of the Contraceptive Interdependence Initiative strategic options for increased domestic resources for FP/RH at national and local levels; provide technical and financial assistance in the formulation and implementation of the Operational Plan for the Department of Health (DOH) <p>IR3. Accurate, up-to-date, and relevant information informs policy decisions</p> <ul style="list-style-type: none"> Provide TA in the development of the FP/RH database at the DOH; TA to the Commission on Population (POPCOM) in the development of audience-specific sectoral RAPID presentations; and dissemination of policy research results through focused policy dialogues with key policymakers and influentials at national and local levels <p>IR4. In-country/regional capacity to provide policy training enhanced</p> <ul style="list-style-type: none"> Provide TA in SPECTRUM model training to DOH and modified sectoral RAPID model training to POPCOM

EUROPE AND EURASIA

ROMANIA

Strategy
<p>POLICY/Romania is implementing a core package to identify and eliminate operational constraints to the implementation of recently approved national policies that are directed at targeting contraceptives to disadvantaged segments of the population and achieving contraceptive self-sufficiency. The SO of the package is: <i>Contraceptive security policies and plans promote and sustain access to FP/RH</i>. The package began in March 2001 and is projected to end on June 30, 2002.</p> <p>The country strategy for use of core package funds makes use of the following interrelated elements:</p> <ul style="list-style-type: none"> • Policy research to identify the operational barriers to achieving contraceptive security; • Policy dialogue to discuss the results of policy research and develop recommendations for action by high-level decision makers; • Assistance to the Ministry of Health and Family (MOHF) in drafting, pilot testing, and finalizing national operational policies designed to remove operational barriers affecting local-level contraceptive targeting, procurement and distribution, and the revolving fund; • Advocacy network formation and strengthening in three USAID priority judets (districts); and • Advocacy by local and national networks and policy champions to promote access to contraceptives and the development of client-responsive operational policies on contraceptive security.
Staff
<p>Country Manager: Imelda Feranil Local Staff: Daniela Draghici Consultants: Alin Stanescu, Cassandra Butu, Mona Marin, and Luminita Marcu U.S.-based Staff: Varuni Dayaratna, Danielle Grant-Krahe, and Suneeta Sharma</p>
Funding (as of June 20, 2001)
<p>Total obligation to date: \$150,000 (field support only) Funds remaining: \$10,699</p>
Proposed Activities
<p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • TA, including minigrants, to support network development in three priority judets; designation of three local network and advocacy coordinators; advocacy training workshops for judet networks; technical training series on RH and contraceptive security; TA to advocacy planning meetings; minigrants for local networks to advocate for the support of judet decision-makers during the pilot testing of new/revised contraceptive security policies; TA to the RH Coalition, local networks, and policy champions to advocate for final formulation/approval of national contraceptive security policies <p>IR2. Planning and financing for FP/RH improved</p> <ul style="list-style-type: none"> • Preparation of policy research technical papers on (1) the local implementation of national policies for contraceptive security, (2) contraceptive market segmentation using the 1999 RRHS, and (3) public sector financing for contraceptives; preparation of policy briefs/presentations on the results of policy research; policy dialogue activities including a roundtable, and follow-up small group meetings on issues that include the role of the private sector in contraceptive security efforts and TA to the MOH to draft and pilot test new/revised contraceptive security policies <p>IR3. Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> • TA to the MOH to use the results of project-supported policy research in formulating contraceptive security policies and plans

RUSSIA

Strategy
POLICY's goal in Russia is to strengthen the capacity of the Advocacy Network for Reproductive Health (Network) to advocate for policy change that promotes access to quality FP, maternal health, and STD/AIDS prevention services. POLICY staff are currently developing the workplan update for anticipated FY01 obligations. Proposed activities will focus on evaluating the effectiveness of the Network's advocacy campaign for contraceptive supplies, assessing the Network's sustainability, and training a cadre of advocacy trainers to create regional branches of the Network. Further plans and staffing considerations are pending direction and consultation with the USAID Mission in Moscow and confirmation of anticipated funding.
Staff
Country Manager: Anne Jorgensen Local Staff and Consultants: Katya Yusupova and Viktoria Sakevich, and Julia Andrianova (part-time accountant) U.S.-based Staff: Nicole Judice and Maureen Clyde
Funding (as of June 20, 2001)
Total obligations to date: \$150,000 Funds remaining: \$16,473
Proposed Activities
<p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Provide TA and support advocacy activities started under POLICY I, including a roundtable with policymakers • Support a network sustainability assessment and provide TA on developing a sustainability strategy • Support the creation of two regionally-based Network branches; this will be accomplished by following-up a training-of-trainers (funded by CEDPA's Women's Leadership Project) with TA and small grants • Support the publication of the Network's second newsletter, focusing on adolescent RH <p>IR3. Accurate, up-to-date, and relevant information informs policy decisions</p> <ul style="list-style-type: none"> • Train partners in policy advocacy using SPECTRUM output • Provide TA to develop advocacy materials based on the Maternal and Neonatal Program Index (funded by POLICY core funds) • Given the decentralization of the RH policy environment, collaborate with Center for Reproductive Law and Policy to update the legal and regulatory analysis produced under POLICY I <p>IR4. In-country/regional capacity to provide policy training enhanced</p> <ul style="list-style-type: none"> • In addition to the training-of-trainers, seek to include advocacy modules into university-based courses • Respond to requests from the MOH for TA in using SPECTRUM

TURKEY

Strategy	
<p>Consolidating gains made during the last six years, POLICY's mandate in Turkey is to strengthen the sustainability of FP/RH programs. POLICY's program emphasizes improving planning and financing and building political and popular support through NGO advocacy. USAID is winding down its donor support for FP/RH in Turkey. With the exception of POLICY's TA, all other program support will end in March 2001. Recently, POLICY agreed to an extension to December 2002 to ensure contraceptive self-reliance. In this regard, POLICY, in collaboration with the MOH, will activate a new public sector targeting policy and cost-sharing mechanism in a minimum of 16 selected provinces. In addition, POLICY will assist the MOH in developing a practical approach to monitoring the targeting policy. POLICY will continue its support for NGO advocacy and public-private partnership. Through March 2001, POLICY will assist the KIDOG network to operationalize its sustainability plan. Local POLICY staff will collaborate with the KIDOG Coordinating Committee to improve institutional systems, and procedures and support for advocacy campaigns is envisaged. Training-of-trainers (TOT) assistance will also be provided to enhance the capacity of KIDOG members to expand NGO advocacy in other provinces outside of Istanbul.</p>	
Staff	
<p>Country Director: Zerrin Baser Local staff and consultants: Fahreddin Tatar, Sema Guler, and Nurgan Giray U.S.-based Staff: Sue Richiedei, Jeff Sine, and Maureen Clyde</p>	
Funding (as of June 20, 2001)	
Total obligations to date:	\$430,354 (core agreement)
Funds remaining:	\$111,295
Proposed Activities	
<p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Provide assistance for translating into Turkish, adapting, and producing the POLICY Advocacy Manual • Conduct a TOT in Advocacy Workshop for KIDOG members • Support meetings and provide assistance to secure institutional commitment to KIDOG from member NGO leadership • Help KIDOG design and conduct advocacy training for NGOs in other municipalities to raise awareness of RH issues in Turkey. Training will be based on information presented in KIDOG's booklet, "Women in Turkey" (produced under POLICY I) • Collaborate with CMS Project to develop a fundraising strategy and a basic financial management system • Provide TA to KIDOG to implement and assess progress on its network sustainability plan • Continue to facilitate the partnership between the Family Planning Association of Utah and KIDOG through the Planned Parenthood Federation of America, Global Partnership Program <p>IR2. Planning and financing of FP/RH improved</p> <ul style="list-style-type: none"> • Finalize and distribute the report, "The Key to Contraceptive Self-Reliance in Turkey: Pilot Testing an Effective Cost-Sharing Mechanism" • Develop a section for POLICY in USAID Turkey final report • Review implementation plan with each provincial health directorate for 16 expansion provinces • Produce TOT materials and organize TOT sessions in each province • Provide TA for provincial orientation sessions • Develop a monitoring plan for each province, MOH, and HSAF • Organize follow-up visits to provinces to ensure sustainability • Provide assistance to the MOH and HSAF report • Facilitate policy dialogue between the MOH and MOF for adequate funding for short-term commodity needs until the targeting policy and cost-recovery fully operational 	

UKRAINE

Strategy	
<p>POLICY's goal in Ukraine is to strengthen the ability of the MOH and other partners to implement the National Reproductive Health Program (NRHP) 2001–2005 and policies that improve RH service delivery. This is accomplished by providing technical and financial assistance to a range of stakeholders, including (1) the MOH and local partners responsible to implement, monitor, and evaluate the NRHP; (2) members of the Policy Development Group (PDG) that forward policy and programmatic issues relevant to successful implementation of the NRHP; and (3) the Ukrainian Reproductive Health Network (URHN) to plan, implement, and evaluate its ongoing advocacy campaigns in support of funding and implementing the NRHP. Counterparts will use the MOH, Centers for Disease Control (CDC), and other data together with POLICY's and other analyses to inform policy and program decisions.</p> <p>In addition, to help control and mitigate the impact of AIDS in Ukraine, POLICY will support an HIV/AIDS strategy to improve policies and strategies for HIV/AIDS interventions by supporting analyses and policy dialogue. POLICY is cooperating with UNAIDS, ABA/CEELI, the HIV/AIDS Alliance, and local NGOs to finalize the strategy. USAID/Kyiv is preparing a concept paper for multiyear funding for POLICY that will need to be considered for this year's strategy.</p>	
Staff	
<p>Country Manager: Monica Medrek Local Staff and Consultants: Lena Truhan, Viktor Galayda, Andriy Huk, and Olena Suslova U.S.-based Staff: Maureen Clyde, Anne Jorgensen, Kokila Agarwal, and Sharon Kirmeyer</p>	
Funding (as of June 20, 2001)	
Total obligations to date:	\$600,000
Funds remaining:	\$279,277
Proposed Activities	
<p>Proposed activities will be refined and prioritized pending obligation of FY01 funds and discussion with USAID/Kyiv and counterparts. Currently, the following constitute POLICY's proposed activities:</p> <p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Strengthen the Ukraine Reproductive Health Network • Support national/local policy dialogue to improve existing HIV/AIDS policies with emphasis on reducing discrimination and stigma <p>IR3. Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> • Provide follow-on information and training on local RH program development with a focus on benchmark settings to assist the MOH and oblast counterparts in completing their monitoring and evaluation plans for the NRHP 2001–2005 	

LATIN AMERICA AND THE CARIBBEAN

GUATEMALA

Strategy
In Guatemala, POLICY will work to take advantage of unprecedented government support for FP/RH, which manifested itself earlier this year when the MOH approved the National Reproductive Health Program (NRHP). POLICY will continue to raise awareness and garner support among policymakers on FP/RH issues, with emphasis on adolescents, human rights, and gender. POLICY will update and facilitate the use of findings on barriers to accessing FP/RH services—medical, institutional, and regulatory—to convince decision makers and program managers of the need to improve operational policies and norms. POLICY will also provide TA to SEGEPLAN in developing a Population and Development Policy. POLICY will continue to support and strengthen its local NGO counterparts and networks through TA, financial support (including minigrants), and research. Specifically, POLICY will support individual NGOs and networks in promoting and monitoring the implementation of the NRHP and in ensuring that the draft Population and Development Law adequately reflects the population's RH needs. POLICY will also collaborate with the CDC and Del Valle University in preparing for the Family Health Survey (FHS) 2002, as well as cosponsor an Introductory Basic Course on Demography with the Center for Demographic and Population Analysis at the university.
Staff
Country Manager: Lucía Merino Local Staff: Claudia Quinto, Lilian Castañeda, and Eugenia Mijangos Affiliated Staff: Norine Jewell, Patricia Mostajo, and Mary Kincaid
Funding (as of June 20, 2001)
Total obligations to date: \$400,000 Funds remaining: \$169,252
Proposed Activities
<p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Workshops/meetings with NGOs groups at the national and subnational level to support the formulation and implementation of a civil society strategy to monitor the NRHP • Minigrants and TA to NGOs for advocacy and public information campaigns—to promote, among others, the NRHP and the Population and Development Law • TA to NGOs in policy analysis and its use in advocacy • Policy meetings and presentations on FP/RH, human rights, adolescents, and gender to raise awareness and galvanize support among decision makers and opinion leaders in the public and private sectors <p>IR2. Planning and financing for FP/RH improved</p> <ul style="list-style-type: none"> • TA to the Women's Secretariat and NGO networks to help ensure that the Population and Development Law is responsive to the RH needs of the Guatemalan population • TA to SEGEPLAN in developing a Population and Development Policy • Multisectoral workshop to analyze and prioritize findings from updated FP legal/regulatory analysis • TA to MOH in developing strategies and norms to reduce barriers to access to FP/RH services <p>IR3. Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> • Survey to identify medical and institutional barriers to FP access (second round) • Collaboration with CDC and Del Valle University in conducting the FHS 2002 • Update of SPECTRUM modules with FHS 2002 data; participatory analysis and application to inform the development of the Population and Development Law • Update of the analysis on legal and regulatory framework for FP • Workshop on tools for using health survey data in planning and policy formulation • Development and dissemination of information resources—POLICY/Guatemala bimonthly bulletin, policy research reports, information-capsules for media <p>IR4. In-country, regional capacity to provide policy training enhanced</p> <ul style="list-style-type: none"> • Cosponsor an Introductory Basic Course on Demography with Center for Demographic and Population Analysis, "Ingeniero Jorge Arias," at Del Valle University

HAITI

Strategy
In light of the continuing political crisis in Haiti that has caused parts of government to come to a standstill, it is imperative that POLICY Project assistance in Haiti continue to fill the RH policy void by strengthening civil society's role and building public sector-NGO partnerships, especially at the department level where local officials are often better able to function. Assistance, therefore, will focus on helping NGOs, other civil society groups, and national and departmental officials to implement the RH and HIV/AIDS objectives in the National Population Policy. Assistance will also help to strengthen the capability of government officials to oversee implementation of the National Population Policy, which POLICY helped formulate. This will be accomplished by supporting the consolidation and operation of a public-private sector National Reproductive Health Commission (NRHC); providing technical and financial assistance in advocacy and fundraising to civil society including faith-based organizations and those with grassroots membership focused on youth (Volontariat Pour Le Developpement D'Haiti), women (Femmes Soleil Levée), and other population and human development interests; assisting the Secretary of State for Population (SEP) with information dissemination on the National Population Policy; and collaborating with the bilateral project (HS2004), NGO grantees, and MOH department officials to improve the quality of and access to FP/RH. The latter efforts include implementation of a strategic plan for extending access to quality, long-term, and permanent contraceptive methods and implementation of the Minimum Package of RH Services through NGO grantees and MOH medical directors.
Staff
Country Manager: Norine Jewell Local Staff: Laurent Eustache, LTA; and Mireille Barolette, Administrative Assistant Consultants: Georges Dubuche, Eddy Genecé, and Frantz Simeon
Funding (as of June 20, 2001)
Total obligations to date: \$375,000 Fund remaining: \$221,597
Proposed Activities
IR1. Political and popular support broadened and strengthened <ul style="list-style-type: none"> • Support National Public-Private Commission on RH, including training and TA in policy analysis and strategic planning • Promote National Population Policy • Provide minigrants and TA to grassroots membership networks focused on women, youth • Conduct information dissemination activities including participation in international days designated for Women, Population, HIV/AIDS IR2. Planning and financing for FP/RH improved <ul style="list-style-type: none"> • Strengthen NGO fundraising capabilities • Collaborate with HS2004 and MOH to develop operational policies that improve the quality of RH services delivered through NGO grantees and public sector facilities, and draft plans for their implementation IR3. Accurate, up-to-date, relevant information informs policy decisions <ul style="list-style-type: none"> • Maintain, update, and expand database IR4. In-country, regional capacity to provide policy training enhanced <ul style="list-style-type: none"> • Support training programs

JAMAICA

Strategy
<p>In Jamaica, POLICY is providing assistance in the form of regional workshops to the MOH and the four regional health authorities to (1) disseminate the National Strategic Framework for Reproductive Health (SF) to regions and parishes, and (2) facilitate a participatory process for prioritizing SF elements at the local level and incorporating these priorities into the annual Parish Program Plans and regional Service Level Agreements.</p> <p>Pending FY02 funding decisions, POLICY will provide follow-on TA, training, and minigrants to target regions and/or parishes, to help implement activities that improve the policy environment (including operational policies) for RH and an integrated approach to FP/HIV/AIDS. Research activities will be undertaken, as appropriate, to ensure continued availability of accurate, up-to-date information for policymakers at national and regional levels, and to support planning at the parish level. A special focus of the regional workshops, follow-on TA and training, and research will be the RH needs of adolescents and youth in Jamaica. This includes collaborating with Youth.now to create spaces for youth to participate in policy dialogue and formulation in reproductive and sexual health at national, regional, and parish levels.</p> <p>Additionally, POLICY continues its support to the Jamaica National Family Planning Board to complete its institutional reorganization and strategic planning process, through a subcontract with KPMG in Jamaica and TA from POLICY staff.</p>
Staff
<p>Country Manager: Mary Kincaid Local Consultant: Sonia Subaran U.S.-based Staff: Karen Hardee and Don Levy</p>
Funding (as of June 20, 2001)
<p>Total obligations to date: \$200,000 Funds remaining: \$126,593</p>
Proposed Activities
<p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Provide training and TA in advocacy, as appropriate, in response to local needs identified during regional workshops <p>IR2. Planning and financing for FP/RH improved</p> <ul style="list-style-type: none"> • Organize two-day dissemination/participatory planning workshops in each region for representatives of parishes and regional health authorities (Northeast Region, June 2001; Southeast and Southern Regions, September 2001; Western Region, TBD) to present the National Strategic Framework; assess the regional RH situation; disseminate the new guidelines for providing FP services to minors; and set priorities and develop action plans as inputs to parish program plans • Provide TA and follow-up on planning and finance issues for regional health authorities and parishes as appropriate, in response to local needs and activities identified during the regional workshops • Support the Jamaica National Family Planning Board in completing its institutional reorganization and strategic planning process, via a subcontract with KPMG in Jamaica and TA from POLICY staff

MEXICO

Strategy
POLICY's strategy in Mexico is to continue expansion of its HIV/AIDS multisectoral strategic planning program into the states of Oaxaca, Vera Cruz, and Chiapas; and to consolidate the role and sustainability of the multisectoral citizens' groups (MCGs) created in Yucatan, Guerrero, and Estado de Mexico under POLICY I. The objective of the work is to have multisectoral plans in place for HIV/AIDS at the state level, approved, supported, and implemented by state policymakers, civil society and the private sector. To achieve this objective, the project will provide an integrated package of TA, which includes implementing planning and finance activities, supported by policy dialogue and advocacy, and updated information for policymakers. Specifically, POLICY will provide TA and training to improve the planning process and encourage coordination across sectors. The project will focus on addressing youth/adolescent issues by raising awareness about such issues among members of the MCGs and creating spaces for participation of adolescents and youth in the state-level policy process. POLICY will also provide advocacy training and minigrants to help mobilize financial and human resources for HIV/AIDS in the target states, and sustainability training for the MCGs will help ensure their continuity. Two new activities will begin this year—a qualitative evaluation of POLICY/Mexico's participatory strategic planning program to date and an operations research study on discrimination/stigma suffered by PLWAs.
Staff
Country Manager: Mary Kincaid Local Staff: Edgar Gonzalez, Martha Alfaro, Hugo Benitez, and Francisco Hernandez Consultants: Jorge Saavedra and Sandra Aliaga
Funding (as of June 20, 2001)
Total obligations to date: \$500,000 Funds remaining: \$34,688
Proposed Activities
<p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Under subcontract with Red de Jovenes, complete 3rd workshop on HIV/AIDS and youth with MCGs (Guerrero–July 2001); provide TA and training to youth committees formed within the MCGs (July 2001–May 2002); provide minigrants to MCGs to carry out “town meetings/forums” with policymakers and youth representatives • Advocacy training workshops for MCGs in Oaxaca, Vera Cruz, and Chiapas (2002) • Follow-up TA to MCGs on sustainability and development of a media strategy <p>IR2. Planning and financing for FP/RH improved</p> <ul style="list-style-type: none"> • Strategic planning workshops in Oaxaca, Vera Cruz, and Chiapas • TA and follow-up to MCGs in Guerrero and Estado de Mexico for approval and financing of their strategic plans • Minigrants to MCG in Yucatan to respond to policy dialogue opportunities and needs as new state government officials assume their elected positions, to ensure financing for HIV/AIDS/STI programs <p>IR3. Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> • Baseline APES in Chiapas • Operations research study to address discrimination/stigma suffered by PLWA • Evaluation of POLICY strategic planning program to date <p>IR4. In-country, regional capacity to provide policy training enhanced</p> <ul style="list-style-type: none"> • “Diplomado” course (20 hours) on participatory strategic planning in HIV/AIDS/STI to be designed and taught by POLICY LTAs in collaboration with CIDE

PERU

Strategy
<p>During the past 10 months, Peru's political climate underwent a period of uncertainty and upheaval marked by several events: the resignation of President Fujimori in November 2000; a general election in March in which none of the candidates won a majority; and finally, on June 4, the election of Toledo, an economist that led the protests against Fujimori's corrupt government, as president for 2001–2006. Due to the uncertainties of the prolonged electoral period, POLICY was unable to carry out some activities planned for FY00. These activities will take place after the inauguration of the new government and Congress on July 28, 2001.</p> <p>POLICY activities during FY01 will focus primarily on raising awareness, political support, and resources for FP/RH among new political actors that will take over the executive and legislative branches. To accomplish this, POLICY will strengthen advocacy efforts of civil society organizations by providing them with TA, information, and minigrants; promote multisectoral policy dialogue on health reform; and collaborate with other CAs in discussions with the new government. POLICY will also work with the MOH and PAHO to disseminate national health accounts data to policymakers and promote discussion on the efficient use of health sector resources. During this period, POLICY will also help monitor the implementation of FP norms, including compliance with the Tiahrt Amendment. As well, POLICY will improve in-country capacity to provide policy training by ensuring the inclusion of RH policy issues in university curricula.</p>
Staff
<p>Country Manager: Patricia Mostajo Local Staff: Edita Herrera, Marcela Huaita, Lidia Reyes, and Eugenia de Arias Consultants: Maritza Acosta and Victor Alcazar</p>
Funding (as of June 20, 2001)
<p>Total obligations to date: \$450,000 Funds remaining: \$229,612</p>
Proposed Activities
<p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Training in institutional and financial sustainability for NGOs and networks working in FP/RH • TA and minigrants to help NGOs/networks develop and promote legislative proposals to improve the quality of care in response to client needs • Minigrants to NGOs to support advocacy for the inclusion of RH in plans at the municipal levels • Monitoring compliance with FP norms/Tiahrt Amendment through work with civil society organizations and citizen surveillance committees • Policy dialogue on health reform strategies, and the formation of a corresponding think tank • Facilitation of a donor roundtable to support USAID/Lima's FP/RH awareness raising and policy dialogue activities <p>IR2. Planning and financing for FP/RH improved</p> <ul style="list-style-type: none"> • Dissemination/discussion of health accounts' analysis and policy recommendations • TA in the design of a management system for control of external cooperation projects in the MOH <p>IR3. Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> • Systematization and dissemination of information on FP/RH policy context and FP/RH issues <p>IR4. In-country, regional capacity to provide policy training enhanced</p> <ul style="list-style-type: none"> • In collaboration with JHPIEGO, develop materials on reproductive rights and gender for inclusion in medicine and obstetrics undergraduate programs

V. OPERATIONAL PLAN

A. Revised Management Structure

This section provides a description and an organizational chart showing how the project will function in Year 2 and beyond. Job descriptions for the revised management structure are included in Appendix C. As evidenced in Figure 3 on the following page, the project is now structured along technical and operational lines as follows:

- Management Group (Project Director, Deputy Directors (RH/MH, HIV/AIDS, and Program Operations), and Quality Assurance/Evaluation Advisor;
- IR Group (IR Directors and technical staff); and
- Country Group (Regional Managers, Country Managers, and country technical staff).

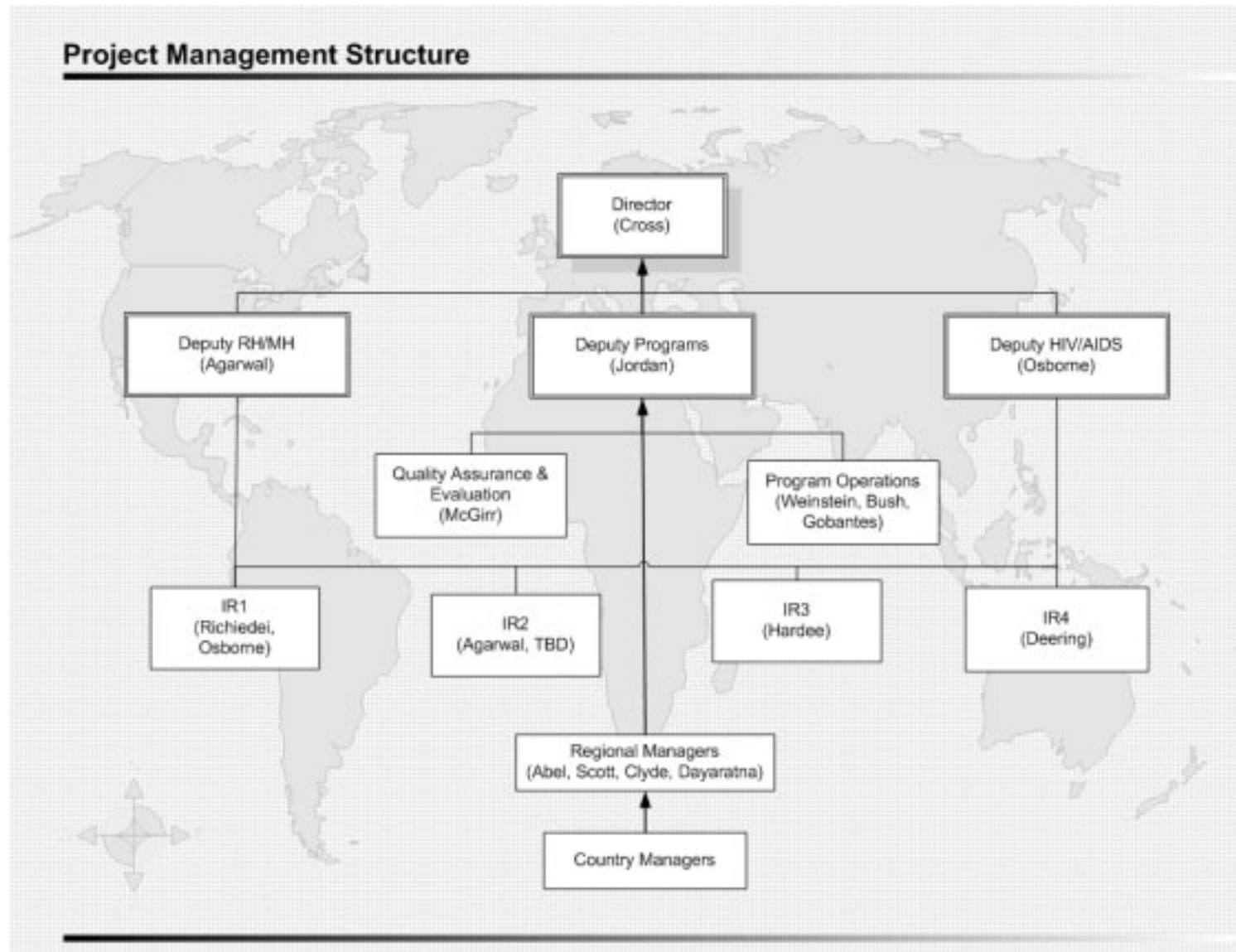
Figure 4 shows the management structure according to technical lines of authority.

1. Management Group

The Management Group is responsible for the overall technical and operational direction of the project. The Management Group consists of the Project Director and the three deputies. As a group, these people provide overall technical direction, set project policies and strategies, and deal with specific project issues ranging from core packages to operational procedures. The management group coordinates formal communications and decision making involving the IRs and country programs. Requests for core-funded work at the country level flow through the Management Group and are mediated at that level to ensure that limited core funds are applied taking into account overall project goals as well as specific country goals in an effort to maximize impact. Within this structure, Regional Managers report to the Deputy for Program Operations, and the IR Directors report directly to the Deputies for RH/MH and HIV/AIDS depending on the technical issues they are working on. The Project's Quality Assurance and Evaluation Advisor serves as an adjunct member of the management team.

Technical management specifically flows through the Project Director and the Deputies for RH/MH and HIV/AIDS. These three persons are responsible for coordinating the integration of work, where appropriate and warranted. Examples of this integration include issues such as dual protection, contraceptive security, FP in high-prevalence HIV/AIDS countries, and the crosscutting issues of adolescents, gender, and human rights. They are also responsible for seeing that special areas of focus receive the emphasis warranted. Examples include work with different groups in civil society such as PLWAs, technical issues such as orphans and vulnerable children (OVCs), and the like. Integration is also achieved by having the Management Group represented in the project's three crosscutting issues working groups and on all core package development teams.

The Project Director, along with the Deputy for Program Operations, is responsible for the overall operations of programs, including oversight of the program operations team. Field and core activities are, therefore, managed and mediated through the Deputy for Program Operations and the Project Director.



2. IR Group

The IR Directors and IR technical staff (the IR group) have the responsibility of addressing the project's global concerns in their technical areas, and for providing assistance to country and regional programs. In this group, there are IR1 and IR2 Directors for both RH/MH and HIV/AIDS (four directors in total for Advocacy and Planning/Finance). This division of responsibility has been created to recognize the differentiated needs to achieve IR goals related to the PHN Center's SSO1 and SSO4. The creation of the two new positions is also required to manage the 30+ core-funded activities in HIV/AIDS in Year 2.

The IR1 and IR2 Directors report to the Deputies for RH/MH and HIV/AIDS. That is, the IR2 planning and finance director for RH/MH reports to the Deputy for RH/MH, and the planning and finance director for HIV/AIDS reports to the Deputy for HIV/AIDS. IR3 and IR4 do not have a similar subdivision. The IR3 and IR4 Directors report to the Deputies for RH/MH or HIV/AIDS depending on the specific issues they are working on. For technical issues that are integrated across RH/MH and HIV/AIDS, the IR3 and IR4 Directors report to the Management Group as a whole. The IR3 Director is responsible for ensuring the coordination of research and modeling needs to support RH/MH and HIV/AIDS, in both an integrated and individual fashion. Among other duties, the IR4 Director must ensure that LTAs—either as individuals or through TD Weeks and regional meetings—receive appropriate training in all project topic areas. Under the guidance of the Quality Assurance and Evaluation Advisor, IR Directors are also responsible for monitoring results reporting.

To ensure integration of RH/MH and HIV/AIDS wherever possible, all four IRs are represented in the project's three crosscutting issues working groups. Furthermore, it is the overall responsibility of the Management Group to ensure appropriate integration at the country-activity level, as well as at the core-activity level.

[Note: if the workload increases in subsequent years, we will keep open the possibility of also subdividing IR3 and IR4 into RH/MH and HIV/AIDS directorships.]

3. Country and Regional Group

Regional Managers, Country Managers, and country technical staff form the country and regional group and maintain the responsibility for the design and implementation of country programs. In general, their roles have not been altered. As a group, their responsibilities include ensuring, to the extent feasible, the integration of the project's four IRs and consideration of the crosscutting concerns. For example, a Country Manager may propose a package, or request technical assistance or funding for an additional IR-related activity that would greatly improve or advance the country program. The Country Manager would channel the request to the Regional Manager, who in turn would forward it to the management group. The Management Group would coordinate with the appropriate IR Directors to accommodate the request. The converse is also true. IR Directors may propose a core-funded activity or technical assistance as an addition to a particular country program. When IR staff perform core-funded work as part of a country portfolio, the appropriate IR Director will work with the Country Manager by serving as technical monitor for the core-funded element work.

B. Management Issues

Year 2 provides a number of management challenges, which the staff has mobilized to address. Many of the challenges are an ongoing part of the project's function (i.e., providing overall strategic vision to core and field programs, maintaining appropriate staffing patterns, monitoring and evaluation). A few of the challenges reflect new realities for the project in terms of funding patterns and balance among the project's core technical areas (FP/RH, HIV/AIDS, and Maternal Health) as well as its crosscutting issues. Specific management issues include the following:

- Core package development and implementation for Year 2 including the first HIV/AIDS package(s), and if possible, a package focusing on maternal health.
- Implementation of the new management structure, which was designed to better respond to USAID/W and field needs for technical leadership in RH policy in its broadest sense. As with any revised structure, project management will closely monitor how the management structure functions to ensure transparency in decision making and the efficient flow of project human and financial resources.
- Management of the increased allocation of HIV/AIDS core funds in the context of the project's HIV/AIDS strategy and new management structure.
- Program operations staff turnover in Year 1 created stress on management systems. As of late June, all operations staff positions have been filled and ongoing training and orientation will solidify the support underpinning of the project. Clear guidance is also being shared across the project through e-mail and the Intranet outlining the duties of the reconfigured program operations team.
- Regional Technical Development Weeks (TD Week) are being planned for the LAC (fall) and Africa (winter) regions in lieu of a single global TD Week. Project management will continue to coordinate the ongoing technical, operational, and financial training of U.S.-based and overseas staff.
- Improving the quality of results reporting is a constant requirement as the need for better definition and attribution by Missions and USAID/W grows.

APPENDICES

APPENDIX A. SUMMARY TABLES**Table A-1. Summary Budget for Core Funds****Table A-2. Summary of Field-Support Resources by Country****Table A-3. POLICY Staff****Table A-4. Managers of IRs, Working Groups, and Country Programs**

Table A-1. Summary Budget for Core Funds

Component	Year 1 (FY00) Pipeline (June 15, 2001)	New Resources Needed (June 15, 2001- June 30, 2002)	Year 2 (FY01-FY02) Projected	Person Responsible
SO				
Adolescent RH Working Group	121,183	150,000	271,183	Richiedei/Varga
Gender Working Group	21,074	100,000	121,074	Kincaid
Human Rights Working Group	73,759	100,000	173,759	Porter
IR1	378,904	375,000	753,904	Richiedei
IR2	354,094	450,000	804,094	Agarwal
IR3	256,803	430,000	686,803	Hardee
IR4	317,541	510,000	827,541	Deering
Core Packages				
Romania Core Package	349,771		349,771	Feranil
Ukraine Core Package	363,806		363,806	Medrek
Nigeria	260,000		260,000	Moreland
New Packages	-	1,150,000	1,150,000	Directors
Core Agreements				
Turkey Core Agreement	105,354	325,000	430,354	Clyde
Nigeria Core Agreement	79,566	-	79,566	Moreland
SO 2 – Safe Motherhood	296,229	319,000	615,229	Agarwal
SO 4 – HIV/AIDS	358,518	1,280,000	1,638,518	Osborne
Gender Technical Leadership	83,579	143,000	226,579	Kincaid
Quality Assurance	178,648	225,000	403,648	McGirr
Grants	100,000	-	100,000	Richiedei
Total Core	3,698,829	5,557,000	9,255,829	

Table A-2. Summary of Field Support Resources by Country

Country	FY00 Funding	FY01² Funding	Total
Africa Region	1,115,000	1,390,000	2,505,000
FHA	250,000	100,000	350,000
Ethiopia	250,000	100,000	350,000
Ghana	303,311	120,000	423,311
Kenya	2,300,000	300,000	2,600,000
Malawi	-	900,000	900,000
Mali	-	300,000	300,000
Mozambique	500,000	-	500,000
Nigeria	1,193,000	1,000,000	2,193,000
REDSO-E	400,000	130,000	530,000
Sahel	125,000	-	125,000
South Africa	1,000,000	1,400,000	2,400,000
Tanzania	590,158	350,000	940,158
Uganda	350,000	130,000	480,000
Zambia	30,000	175,000	205,000
Africa Total	8,566,469	6,395,000	14,801,469
Asia/Near East Region	185,000	-	185,000
Bangladesh	750,000	-	750,000
Cambodia	-	600,000-	600,000
Egypt	300,000	365,975	665,975
India	1,250,000	-	1,250,000
Jordan	300,000	650,000	950,000
Philippines	500,000	-	500,000
Asia Total	3,285,000	1,015,975	4,900,975
Romania	150,000	-	150,000
Russia	150,000	-	150,000
Ukraine	600,000	-	600,000
E&E Total	1,275,000	-	1,275,000
El Salvador	-	100,000	100,000
Guatemala	400,000	-	400,000
Haiti	375,000	-	375,000
Jamaica	200,000	-	200,000
Mexico	500,000	-	500,000
Peru	450,000	-	450,000
Paraguay	15,000	-	15,000
LAC Total	1,940,000	-	2,040,000
Grand Total	15,066,469	8,010,975	22,542,444

² Includes obligations through 6/20/01

Table A-3. POLICY Staff**U.S.-Based Technical Staff**

Edward Abel
 Kokila Agarwal
 Shawn Aldridge
 Jane Begala
 Lori Bollinger
 Dennis Chao
 Minki Chatterji
 Maureen Clyde
 Harry Cross
 Varuni Dayaratna
 Joe Deering
 William Emmet
 Imelda Feranil
 Karen Foreit
 Steve Forsythe
 Thomas Goliber
 Danielle Grant-Krahe
 Karen Hardee
 Robert Hollister
 Norine Jewell
 Alan Johnston
 Jeff Jordan
 Anne Jorgensen
 Nicole Judice
 Mary Kincaid
 Sharon Kirmeyer
 James Kocher
 Cynthia McClintock
 Nancy McGirr
 William McGreevey
 Monica Medrek
 Scott Moreland
 Kirsten Olson
 Kevin Osborne
 Charles Pill
 Lane Porter
 Sue Richiedei
 John Ross
 Mary Scott
 Susan Settergren
 Suneeta Sharma
 Jeffrey Sine
 John Stover
 Molly Strachan
 Sumi Subramaniam
 Christine Varga
 Bill Winfrey
 Cynthia Woodsong

U.S.-Based Program Operations Staff

Elizabeth Buchanan
 Vicky Bush
 Rebekah Davis
 Aguil Deng
 Rodrigo Gobantes
 Elisabeth Huth
 Kimberly Lohuis
 Megan Noel
 Gail Pierce
 Katrina Poteat
 Daly Salegio
 John Shutt
 Kristen Totino
 Alice Weinstein
 Chuck Wilkinson
 Doug Willier
 Loraine Wood

OverSeas Technical Staff

Benedicta Ababio (Ghana)
 Hesham Abdalla (Egypt)
 Salah Abdel-Atty (Egypt)
 Sylvia Abrahams (South Africa)
 Babatunde Afuwape (Nigeria)
 Selina Ahmed (Bangladesh)
 Mohammed el Din Ahmed (Egypt)
 Syed Shamim Ahsan (Bangladesh)
 Martha Alfaro (Mexico)
 Issa Almasarweh (Jordan)
 Eugenia de Arias (Peru)
 Vilma Aquino (Philippines)
 Zerrin Baser (Turkey)
 Ayele Belachew (Ethiopia)
 Hugo Benitez (Mexico)
 Gift Buthelezi (South Africa)
 Reginold Chima (Nigeria)
 J.S. Deepak (India)
 Alle Diop (CERPOD)
 Daniela Draghici (Romania)
 Lesley DuToit (South Africa)
 Theresa Effa (Nigeria)
 Manal El-Fiki (Egypt)
 Fatma El Geel (Egypt)
 Larent Eustache (Haiti)
 Annabella Fernandez (Philippines)
 Viktor Galayda (Ukraine)
 Edgar Gonzalez (Mexico)

Sema Guler (Turkey)
 Francisco Hernandez (Mexico)
 Edita Herrera (Peru)
 Marcela Huaita (Peru)
 Andriy Huk (Ukraine)
 Charity Ibeawuchi (Nigeria)
 Ester Isberto (Philippines)
 Melanie Judge (South Africa)
 Mona Khalifa (Egypt)
 Martin Laourou (FHA)
 Fanta Macalou (Mali)
 Jerome Mafeni (Nigeria)
 Lucia Merino (Guatemala)
 Eugenia Mijangos (Guatemala)
 Patricia Mostajo (Peru)
 Gadde Narayana (Kenya)
 Julie Odiambo (Kenya)
 Magdalene Okolo (Nigeria)
 Wasunna Owino (Kenya)
 Aurora Perez (Philippines)
 Claudia Quinto (Guatemala)
 P.N. Rajna (India)
 Solomon Rasago (South Africa)
 Lidia Reyes (Peru)
 Viktoria Sakevich (Russia)
 Naveen Sangwan (India)
 K.M. Sathyanarayana (India)
 Nikky Schaay (South Africa)
 Badara Seye (CERPOD)
 Eleni Seyoum (Ethiopia)
 Robie Siamwiza (Zambia)
 Ashok Singh (India)
 Angeline Tennah Siparo (Kenya)
 Olena Suslova (Ukraine)
 Fahrettin Tatar (Turkey)
 Henriqueta Tojais (Mozambique)
 Justin Tossou (FHA)
 Lena Truhan (Ukraine)
 Anna van Esch (South Africa)
 Caroline Wills (South Africa)
 Katya Yusupova (Russia)

Overseas Program Operations Staff

Farzana Ahmed (Bangladesh)
 Mireille Barolette (Haiti)
 Engy Boles (Egypt)
 Virna Balboa (Philippines)
 Lilian Castaneda (Guatemala)
 Mitali Deka (India)
 Nurgan Giray (Turkey)
 Nadia Hassan (Egypt)
 Basma Ishaqat (Jordan)
 Suzette Paraiso (Philippines)
 Rene Peterson (South Africa)
 Sheila Rejano (Philippines)
 Juanito Soriano (Philippines)
 Cornelia Theron (South Africa)
 Aurora Vaz (India)
 Olympia Vumisa (South Africa)
 Alice Wanjuu (Kenya)

Table A-4. Managers of Country Programs and IRs/Working Groups

Regional Managers	Country	Country Manager	Administrator/ Administrative Backstop	CTO
<i>Africa:</i> Mary Scott Backstop: Jeff Jordan	Africa Regional Funds	Kevin Osborne	Rodrigo Gobantes/ Megan Noel	Elizabeth Schoenecker
	Southern Africa	Kevin Osborne John Stover (SADC)		
	Ethiopia	Charles Pill		
	FH&A	Norine Jewell		
	Ghana	Norine Jewell		
	Kenya	James Kocher		
	Malawi	Shawn Aldridge		
	Mali	Norine Jewell		
	Mozambique	Karen Foreit		
	Nigeria	Scott Moreland		
	REDSO/E	Joseph Deering		
	Sahel/CERPOD	Norine Jewell		
	South Africa	Nikki Schaay*		
	Tanzania	Charles Pill		
	Uganda	Norine Jewell		
	Zambia	Thomas Goliber		
<i>Asia/Near East:</i> Ed Abel Backstop: Harry Cross	Bangladesh	Syed Ahsan*	Vicky Bush/ Aguil Deng	Mai Hijazi India: Elizabeth Schoenecker
	Cambodia	Kevin Osborne		
	Egypt	Mona Khalifa*		
	India	Gadde Narayana*		
	Jordan	Ed Abel		
	Philippines	Aurora Perez*		
<i>Europe & Eurasia:</i> Maureen Clyde Backstop: Harry Cross	Romania	Imelda Feranil	Rodrigo Gobantes/ Kimberly Lohuis	Elizabeth Schoenecker
	Russia	Anne Jorgensen		
	Turkey	Zerrin Baser*		
	Ukraine	Monica Medrek		
<i>Latin America:</i> Varuni Dayaratna Backstop: Jeff Jordan	Guatemala	Lucia Merino*	Vicky Bush/ Daly Salegio Haiti: Aguil Deng	Mai Hijazi
	Haiti	Norine Jewell		
	Jamaica	Mary Kincaid		
	Mexico	Mary Kincaid		
	Peru	Patricia Mostajo		

* Indicates overseas staff member

IR/Working Group Director	IR/Working Group	IR/Working Group Manager	Administrator/ Administrative Backstop
Core Activities Koki Agarwal (FP/RH/MH) Kevin Osborne (HIV/AIDS)	IR1	Sue Richiedei (RH/MH) Kevin Osborne (HIV/AIDS)	Rodrigo Gobantes/ Kristen Totino (RH/MH) Elisabeth Huth (HIV/AIDS)
	IR2	Koki Agarwal (RH/MH) TBD (HIV/AIDS)	Vicky Bush/ Aguil Deng
	IR3	Karen Hardee	Rodrigo Gobantes/ Aguil Deng
	IR4	Joseph Deering	Vicky Bush/ Aguil Deng
	SSO2 - Safe Motherhood	Koki Agarwal	Vicky Bush/ Kimberly Lohuis
	SSO4 – HN/HIV/AIDS	Kevin Osborne	Rodrigo Gobantes/ Elisabeth Huth
Working Groups	Adolescent RH	TBD	Vicky Bush/ Kristen Totino
	Gender	Mary Kincaid	Rodrigo Gobantes/ Daly Salegio
	Human Rights	Lane Porter	Rodrigo Gobantes/ Megan Noel
Miscellaneous	Quality Assurance and Evaluation	Nancy McGirr	Vicky Bush
	Grants	Determined by funding source	Vicky Bush/ Kimberly Lohuis

APPENDIX B: MATRIX OF ILLUSTRATIVE HIV/AIDS CORE-FUNDED ACTIVITIES

HIV/AIDS Division

Name	Purpose/Target	Expected Outcome(s)	Partner(s)
Human rights support	Acts as resource for POLICY global and field activities and as resource for HIV/AIDS Division and UNAIDS	Improved understanding of human rights issues by POLICY, CA, USAID, and host-country colleagues Integration of a human rights component into country workplans	POLICY L. Porter 202-775-9680
ASICAL	Support follow-up advocacy activities for ASICAL to improve the policy and human rights environment for MSM in Latin America	Improved policy and human rights environment for MSM in LA	POLICY, UNAIDS, PAHO, ASICAL L. Porter 202-775-9680
Global interfaith initiative	Develop and implement a global HIV/AIDS interfaith initiative to guide the future development of a competitive procurement	Global interfaith initiatives to address the (1) advocacy, (2) care, and (3) information roles of communities of faith	POLICY K. Osborne/ P. Mechael 202-775-9680
Multisectoral policy discussions	Sponsor opportunities for relevant stakeholders through international and regional HIV/AIDS meetings (ICASA; World AIDS Conference 2002; GNP+) in support of multi-sectoral programming	Improved information and decision-making by multi-sectoral stakeholders, including national programs, through interaction with peers.	POLICY, GNP+/ICW K. Osborne/ N. Jewell/ A. Johnston 202- 775-9680 919-541-7394
International AIDS Economics Network	Stimulate analysis and discussion of economic issues related to HIV/AIDS	Discussion and dissemination of research on the economic impact of AIDS	POLICY, World Bank L. Bollinger 202-775-9680
Modeling—AIM Update	Update AIM presentation with new modules on HIV/AIDS care	Updated AIM	POLICY J. Stover 860-633-3501
National HIV/AIDS Policy Compendium	Continue updating and disseminating a compendium on national HIV/AIDS policies	Updated and most recent policies are accessible to a wide group of policymakers and planners	POLICY K. Willson 860-633-3501
AIDS Program Effort Index	Disseminate the results of the AIDS Program Effort Index	Program Effort Scores for HIV/AIDS from different countries	POLICY, UNAIDS J. Stover 860-633-3501
Strategic planning and resource allocation	Support national efforts to develop strategic plans and allocate resources for HIV/AIDS prevention and care	Improved resource allocation	POLICY, Horizons, UNAIDS J. Stover 860-633-3501

Estimates and projections	Collaborate with UNAIDS in the development of improved techniques to estimate and project the HIV epidemic	Improved models for estimation and projection	POLICY, UNAIDS, BUCEN J. Stover 860-633-3501
OVC	Implementation of POLICY gaps study. Address findings including role of PLWAs in OVC program interventions	Improved OVC policy and programs	POLICY C. Varga/ K. Osborne 202-775-9680
Capacity building: HEARD	Support to Health Economics and Research Division of Natal University	Increased institutional capacity of regional Economics and HIV/AIDS Unit Increased local/continent capacity to head division of HEARD	POLICY K. Osborne/ N. Schaay 202-775-9680 27-21-462-0380
Core Package: Addressing Stigma and Discrimination	Implementation of core package in one POLICY country to address issues related to HIV/AIDS stigma and discrimination	Improved understanding and documentation of programmatic interventions to address HIV/AIDS stigma issues	POLICY, GNP+ K. Osborne/ J. Stover 202-775-9680
Flexible response on policy issues	Resources to respond to ad hoc requests from the HIV/AIDS Division and other members of the IWG	Enhanced response on HIV/AIDS policy issues	POLICY (various staff)

Africa Bureau
(including Southern Africa Regional Program activities)

Name	Purpose/Target	Expected Outcome(s)	Partner(s)
Global interfaith initiative	Develop and implement a global HIV/AIDS interfaith initiative to guide the future development of a competitive procurement	Demonstration project in Southern Africa in support of global interfaith initiatives to address the (1) advocacy and (2) care and information roles of communities of faith	POLICY K. Osborne/ P. Mechael 202-775-9680
OVC	Develop Smart Packages addressing OVC priorities	Identified and strengthened priorities in HIV/AIDS Enhanced program environment	POLICY C. Varga/ K. Osborne 202-775-9680
Multisectoral policy discussions	Sponsor follow-up and new multisectoral stakeholder opportunities through the regional HIV/AIDS meeting in Africa (ICASA) in support of multisectoral programming: <ul style="list-style-type: none"> • Networking; • Human rights; etc 	Improved information and decision making by relevant stakeholders through interaction with peers	POLICY, GNP+/ICW K. Osborne/ N. Jewell/ A. Johnston 202- 775-9680 919-541-7394

Name	Purpose/Target	Expected Outcome(s)	Partner(s)
Response on key multisectoral policy issues	Develop policy and program impact/issues related to HIV/AIDS; sustainable development and agriculture Develop multisectoral support guidelines	Enhanced response on key multisectoral HIV/AIDS policy issues Increased understanding of multisectoral programming	POLICY J. Stover/ K. Osborne 860-633-3501 202-775-9680
Capacity building: HEARD	Support to Health Economics and Research Division of Natal University	Increased institutional capacity of regional Economics and HIV/AIDS Unit Increased local/continent capacity to head division of HEARD	POLICY K. Osborne/ N. Schaay 202-775-9680 27-21-462-0380
Regional Impact: HEARD	Development and creation of mobile task team on health to support regional initiatives in Southern Africa	Improved environment to address operational policy constraints	POLICY K. Osborne/ N. Schaay 202-775-9680 27-21-462-0380
Southern Africa Program			
Ambassador Small Grants Program in nonpresence countries: Swaziland Lesotho Botswana	Follow-up and increased support of the involvement of nonhealth development NGOs in AIDS activities	Strengthened multisectoral participation in HIV/AIDS activities Increased resource allocation to DNGOs	POLICY N. Schaay/ A. van Esch 27-21-462-0380
Regional PHN officers meetings	To improve regional ability among USAID PHN officers to address HIV/AIDS issues of common interest	Increased coordination of regional PHN officers around HIV/AIDS issues	POLICY N. Schaay/ A. van Esch 27-21-462-0380
Response on key multisectoral policy issues	Development of regional policy and program guidelines related to multisectoral HIV/AIDS programming	Enhanced response on key multisectoral HIV/AIDS policy issues Increased understanding of multisectoral programming	POLICY N. Schaay/ A. van Esch 27-21-462-0380
Regional meeting and capacity development of faith-based sector stakeholders	To strengthen regional capacity among leaders of faith-based communities with regard to <ul style="list-style-type: none"> Holistic counseling; Pastoral care 	Increased capacity of leaders of faith to address HIV/AIDS issues	POLICY N. Schaay/ A. van Esch 27-21- 462-0380

ANE Bureau (under discussion)

Name	Purpose/Target	Expected Outcome(s)	Partner(s)
Modeling— Regional AIM Booklet	Regional AIM presentation with modules on HIV/AIDS prevention, care and support (targeting U.S. Ambassadors and counterparts)	Regional AIM booklet and presentation developed and disseminated	POLICY J. Stover 860-633-3501
Regional capacity building	Development of multi-sectoral local capacity around key elements including: <ul style="list-style-type: none"> • Policy analysis and planning • NGO involvement and community participation 	Increased local capacity within centers of excellence to be identified (which will provide specialized training on a sustained basis)	POLICY J. Stover/ K. Osborne 860-633-3501 202-775-9680
Multisectoral policy discussions	Sponsor multisectoral stakeholder opportunities through regional HIV/AIDS meetings	Improved information and decision making by relevant stakeholders through interaction with peers	POLICY, K. Osborne/ J. Stover 202-775-9680 860-633-3501

Summary of Funding

Funding Source	Amount
HIV/AIDS Division (core)	\$ 2,200,000
Africa Bureau ³	\$ 1,385,000
Other Field Support	\$ 6,900,000
ANE	\$ 829,000
TOTAL	\$11,314,000

³ \$100,000 of funding for the Southern Africa region is not yet programmed.

APPENDIX C. JOB DESCRIPTIONS FOR THE REVISED MANAGEMENT STRUCTURE

The project is now structured along technical and operational lines as follows:

- Management Group (Project Director, Deputy Directors (RH/MH, HIV/AIDS, and Program Operations), and Quality Assurance/Evaluation Advisor;
- IR Group (IR Directors and technical staff); and
- Country Group (Regional Managers, Country Managers, and country technical staff).

It is important to note that some staff members function in more than one role within the project structure. For example, any of the Directors or Regional Managers may also serve as Country Managers or country technical staff. As such, roles and responsibilities apply as a consequence of an individual's function.

Management Group: The management group provides the overall direction for the project. Importantly, it also serves a coordinating function by receiving and disseminating information, ensuring quality control, meeting project deliverables, and allocating personnel and funds among project tasks and country programs.

Project Director. The Project Director provides the principal leadership for The Futures Group International and its two partners—The Centre for Development and Population Activities (CEDPA) and Research Triangle Institute (RTI)—in this collaborative effort. The Project Director has the responsibility for the operational, technical, and financial management of the project. *The Project Director reports to the USAID CTO(s).*

Deputy Director for Program Operations. The Deputy Director for Program Operations helps manage all aspects of the project, in the field as well as for U.S.-based operations. This includes working with the Project Director, other Deputy Directors, IR Directors, and Regional and Country Managers to ensure that project activities and country programs are effectively and efficiently facilitated, and coordinating skill/human resource needs at the country level with the abilities/availability of individual project staff and consultants. The Deputy Director for Program Operations also has specific responsibility for managing the program operations team and ensuring effective management of administrative and financial aspects of the project. *The Deputy Director for Program Operations reports to the Project Director.*

Deputy Directors for RH/MH and HIV/AIDS. The Deputy Directors for RH/MH and HIV/AIDS help manage their respective technical areas within the project. This includes working with the IR Directors in developing core workplans and packages, as well as in coordinating the technical resources needed by field programs. In addition, as a principal function, these deputies ensure that core-funded work is coordinated to the extent possible with individual country programs, and that advances achieved with core funds are made available and used by field staff in country programs. In addition, the Deputy Directors for RH/MH and HIV/AIDS are responsible for the oversight of the three crosscutting issues working groups (adolescents, gender, and human rights), and they also participate in the working groups as members. *The Deputy Directors for RH/MH and HIV/AIDS report to the Project Director.*

Quality Assurance and Evaluation Advisor. The Quality Assurance and Evaluation Advisor helps in the conceptualization and implementation of evaluation strategies for the project at the global, IR, and country levels as well as manages the preparation and distribution of project outputs. This includes supervising the production of the project's "global" outputs production—technical reports, manuals, semi-annual and quarterly reports, and workplans—as well as managing the technical

review and dissemination processes. The Advisor also works closely with the Management Group to incorporate evaluation approaches at the global level and within project products such as workplans and semi-annual updates. *The Advisor reports to the Deputy Director for Program Operations.*

IR Group:

IR Directors. The IR Directors are responsible for overseeing the development and application of packages, products, and services in their technical areas. This includes conceptualizing and implementing improved approaches to policy work, offering insights and guidance to the management and country groups, and providing technical assistance to improve country programs. They are also responsible for monitoring the financial status of core-funded work and for managing human resources to achieve POLICY Project objectives. Whereas some of the work supervised by the IR Directors pertains to global issues, the majority of their efforts will be aimed at supporting country programs. In this capacity, the IR Directors will facilitate and support the technical work of the Regional Managers and Country Managers. *The IR Directors report to the Deputy Directors for RH/MH and HIV/AIDS.*

IR Technical Staff. All staff members of the three collaborating institutions are eligible to serve as technical members of the IR groups to carry out specific core-funded assignments. In addition, the project can draw on international consultants, local consultant experts, local advisors, ex-patriate advisors, and volunteers for element work. *IR technical staff report to the relevant IR Director.*

Country and Regional Group:

Regional Managers. Working closely with the management group are four Regional Managers appointed by the Project Director. As indicated in the chart, these managers are responsible for the geographic regions that correspond to USAID's regional bureaus. The responsibility for operations, technical, and financial management for country programs falls to these experienced leaders and those who report to them. This includes helping to assess country policy conditions, design country programs, and ensure that country programs are successfully carried out and monitored. Their special responsibilities are ensuring that the project's technical elements and crosscutting concerns are appropriately reflected in country programs, and that country workplans and other technical outputs are of excellent quality and produced in a timely manner. In addition, the Regional Manager's approval is required for consultant agreements, subcontracts, quarterly country reports, etc.

Regional Managers will work in tandem with the Management Group, Country Managers, USAID/W, and Missions to allocate funds to activities, review budgets, and monitor expenditures. Regional Managers serve as the link between the Country Managers/country technical staff and the Management Group. Finally, Regional Managers will keep project management and the CTOs informed of regional activities through regular communications with the Director and deputies. *Regional Managers report to the Deputy Director for Program Operations.*

Country Managers. The four Regional Managers oversee the work of the Country Managers who are responsible for the establishment and implementation of field programs. Country Managers handle all country development activities, including marshaling the resources, staff, consultants, and advisors to carry out country program objectives. They will also be responsible for monitoring the financial status of their country programs and for managing the financial resources to achieve POLICY's program objectives. The Regional Managers appoint the Country Managers in consultation with the Project Director and the Deputy Director for Program Operations. In some cases, a Country Manager will also serve as a Regional Manager. Long-term advisors (ex-pat and

local) living in a POLICY country may be appointed as Country Managers. *Country Managers report to the Regional Managers.*

Country Technical Staff. All staff members of the three collaborating institutions are eligible to serve as team members for a country program to carry out specific assignments. In addition, the project can draw on local and international consultants, as well as local and ex-pat advisors for country work. *Country technical staff report to the Country Managers.*

Specific Tasks and Responsibilities by Position

Project Director

- ◇ Reports to USAID CTOs.
- ◇ Provides overall direction of all aspects of the project including project formulation, management of operations, technical development, and financial and administrative systems.
- ◇ Interacts with USAID CTOs.
- ◇ Incorporates USAID/W and Mission technical directions into project development and programs.
- ◇ Provides guidance to Regional Managers in the development and operations of country and regional programs.
- ◇ Mentors the staff and reviews performance regarding major project outputs.
- ◇ Carries out certain country assignments.
- ◇ Gives presentations about the project to USAID and visitors.
- ◇ Serves as liaison with other donors and CAs.
- ◇ Works with Regional Managers and staff to secure field-support funding.
- ◇ Represents the project at professional and coordination meetings.
- ◇ Maintains working relationships with subcontractors.
- ◇ Oversees development and tracking of project budgets and expenditures.
- ◇ Backstops ANE and E&E Regional Managers and IR3 and IR4.
- ◇ Backstops Deputy Director for Program Operations in all aspects of work.

Deputy Director for Program Operations

- ◇ Reports to the Project Director.
- ◇ Supports Project Director in management of all aspects of the project—coordinates interplay of field and core programs.
- ◇ When Project Director is on travel or leave status, assumes responsibility for day-to-day management of project, and consults with the Technical Deputies, Quality Assurance and Evaluation Advisor, CTOs, and Regional Managers/IR Directors on major project decisions.
- ◇ Interacts with CTOs, other donors, CAs, and visitors at Project Director's request.
- ◇ Serves as liaison between technical and administrative/financial functions of the project.
- ◇ Serves as point person for USAID in regard to administrative/financial issues for the project.
- ◇ Serves as broker between skill/human resource needs at the field and core levels and abilities/availability of individual project staff and consultants.
- ◇ Makes presentations and otherwise represents the project at public and professional functions.
- ◇ Backstops Africa and Latin America Regional Managers.

Deputy Directors for RH/MH and HIV/AIDS

- ◇ Report to the Project Director.
- ◇ Support Project Director in management of technical aspects of the project.
- ◇ Provide oversight for all technical aspects of core-funded work.

- ◇ Oversee project's working groups.
- ◇ Manage financial and administrative aspects of core-funded programs.
- ◇ Work closely with Regional Managers to ensure that global and core-funded technical advances are incorporated into country programs.
- ◇ Supervise IR Directors in their work that is specific to RH/MH and HIV/AIDS.
- ◇ Interact with CTOs, other donors, CAs, and visitors at Project Director's request.
- ◇ Serve as technical point persons for USAID in regard to FP/RH/MH and HIV/AIDS issues and backstops IR1 and IR2.
- ◇ Develop core applications in conjunction with IR Directors.
- ◇ Make presentations and otherwise represents the project at public and professional functions.

Quality Assurance and Evaluation Advisor

- ◇ Reports to the Deputy Director for Program Operations.
- ◇ Supervises development of all written contract-related deliverables.
- ◇ Establishes and oversees quality assurance procedures for project reports and publications.
- ◇ Develops proactive strategies and approaches for information dissemination.
- ◇ Responsible for penultimate review of all project documents (prior to submission to Project Director).
- ◇ Provides insight and guidance on the development of the evaluation component of all workplans.

IR Directors

- ◇ Report to the Deputy Directors for RH/MH and HIV/AIDS (depending on their technical area, or the technical task at hand).
- ◇ Provide insight and advice on the development of all country workplans.
- ◇ Provide technical leadership and direction to project management and USAID in terms of the global perspective of each IR and the application of core funds to global and field activities.
- ◇ Prepare IR-level reports in response to project reporting requirements (workplans, semi-annual updates) which draw together the country, regional, and global facets of the work.
- ◇ Review and provide technical approval for all relevant scopes of work, consultant agreements, and subcontracts.
- ◇ Supervise project technical staff working on core-funded activities.
- ◇ Track and manage IR expenditures against the budget with support of project administration.

Regional Managers

- ◇ Report to the Deputy for Program Operations.
- ◇ Provide overall **technical** direction of regional POLICY Project activities.
- ◇ Work closely with Deputies for RH/MH and HIV/AIDS to ensure that global and core-funded technical advances are incorporated into country programs.
- ◇ Interact with USAID CTOs on behalf of Country Managers (facilitating communication in both directions).
- ◇ Interact with Missions as required.
- ◇ Participate as country technical staff in country programs especially during country program development.
- ◇ Provide technical guidance to Country Managers and to country technical staff.
- ◇ Suggest appropriate staff members, consultants, and advisors for country teams in collaboration with project management.
- ◇ Responsible for supervising the development and implementation of country workplans/programs.

- ◇ Responsible for ensuring that the project's technical elements and crosscutting concerns are appropriately reflected in country programs, and that country workplans and other technical outputs are of excellent quality and produced in a timely manner.
- ◇ Facilitate review and approval of country workplans and budgets for country programs. (Note: Country workplans must be vetted according to the approval process outlined in "Country Strategy and Workplan Development Guidelines and Format".)
- ◇ Review and approve consultant agreements and subcontracts.
- ◇ Review and approve travel concurrences and trip reports in a timely manner.
- ◇ Provide quarterly updates of regional activities to project management staff and CTOs.
- ◇ Support Country Managers in problem solving.

Country Managers

- ◇ Report to the Regional Manager concerning technical and operational issues relevant to their country. Note: When a Country Manager is also Regional Manager for the country in question, the relevant backstop (Project Director or Deputy for Program Operations) fills the role of Regional Manager.
- ◇ Responsible for the development and implementation of country programs.
- ◇ Provide technical leadership in implementing country programs.
- ◇ Interact with Mission staff and host-country representatives in carrying out program design and implementation.
- ◇ Keep Regional Manager, Mission staff, and host-country counterparts informed of project activities.
- ◇ Identify staff and local advisors for country work.
- ◇ Responsible for management of all aspects of country programs including technical activities, travel, equipment, etc., with support of administrative staff and input from Regional Managers as needed.
- ◇ Organize and manage resources for project work including consultant agreements, subcontracts, equipment transfers.
- ◇ Ensure that country program activities proceed on schedule.
- ◇ Ensure that technical reports, concurrence requests, and other written products and requirements are prepared in a timely manner.
- ◇ Develop budgets for country program and activities with assistance of Program Operations Managers.
- ◇ Track and manage country expenditures against the budget and technical progress with support of Program Operations Managers.
- ◇ Make presentations to USAID/Washington and in host countries on POLICY Project activities as necessary.
- ◇ Anticipate problems, bring them to the attention of the Regional Manager, and together with the Regional Manager, take steps toward a solution.

Country Technical Staff (Institutional staff, local and ex-pat advisors, and consultants)

- ◇ Report to Country Manager.
- ◇ Carry out aspects of country programs as requested by Country Manager.
- ◇ Serve on assessment teams as requested.
- ◇ Work with counterparts to develop and carry out technical analyses, modeling, and research as indicated by the country program.
- ◇ Provide technical and other reports in a timely fashion.
- ◇ Provide TA and training to local organizations and individuals.

- ◇ Make presentations to USAID/Washington and in host countries on POLICY Project activities as requested by Country Manager.
- ◇ Keep Missions and local officials informed of project activities as required.
- ◇ Anticipate problems, bringing them to the attention of the Country Manager and working toward solutions.

Program Operations Managers

- ◇ Report to Deputy Director for Program Operations.
- ◇ Develop and update MIS.
- ◇ Review monthly entries into accounting system.
- ◇ Complete USAID/W financial reporting requirements.
- ◇ Prepare project reporting requirements in conjunction with technical and administrative staff, including Semi-Annual Updates, Quarterly Performance Reports, Equipment Inventory Reports, and CA Cost Reports.
- ◇ Complete USAID field financial reporting requirements – quarterlies.
- ◇ Develop and monitor new U.S. subcontracts.
- ◇ Monitor current subcontracts with RTI and CEDPA.
- ◇ Assist Country/Regional Managers in the development and tracking of country budgets, providing timely updates of expenditures and LOE.
- ◇ Develop and monitor, in collaboration with Country/Regional Managers, IR Directors and Working Group Chairs, LDC subcontracts, consultant agreements, letter agreements, POs, etc., and provide assistance in competitive bidding process.
- ◇ Manage grants.
- ◇ Supervise staff on the program operations team.
- ◇ Train local operations staff/support local office management/conduct required procurement training for all staff.
- ◇ Interface with the FUTURES Contracts Office.

Program Operations Team (POT)

- ◇ Report to Program Operations Managers.
- ◇ Process project consultant agreements, subcontracts, letter agreements, purchase orders, grants, etc.
- ◇ Track financial transactions and payments.
- ◇ Backstop regions/country programs and local offices.
- ◇ Maintain filing system for project administrative/financial documents.
- ◇ Establish and maintain purchase order file and track payments.
- ◇ Procure, ship, and track equipment.
- ◇ Coordinate cable traffic and staff travel information.
- ◇ Process time sheets.
- ◇ Ensure Regional Managers review and approve administrative documents, including consultant agreements, subcontracts, etc.
- ◇ Provide administrative support to Management Group, Regional Managers, IR Directors, and Working Group Chairs
- ◇ Maintain project-wide communication channels and interface with project staff on individual and project-wide basis according to the Management Group's needs.
- ◇ Track and loan spare equipment.
- ◇ Assist in training of new POT staff.
- ◇ Send weekly pouches to field offices.
- ◇ Help maintain Intranet (i.e., documents should be kept updated, database entry, etc.).

- ◇ Work with technical staff on specific activities pertaining to the technical implementation of the project. These activities can cover a variety of jobs including helping senior staff develop presentations, undertaking research, assisting in preparing papers, organizing meetings and dissemination events, backstopping Country Managers on specific technical tasks, attending technical meetings to learn about POLICY programs, and learning the basics of certain POLICY approaches, such as the SPECTRUM models.